

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000006208

**Entity Name:** METLIFE GROUP, INC.

**Current Principal Place of Business:**

200 PARK AVENUE  
NEW YORK, NY 10166

**Current Mailing Address:**

13045 TESSON FERRY RD.  
TAX DEPT. B1-06  
ST. LOUIS, MO 63128 US

**FEI Number:** 55-0790010

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JAMES KOEGER

05/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, PRESIDENT, CEO,  
DIRECTOR  
Name KHALAF, MICHEL  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title VP  
Name KLOTZBACH, MICHELLE  
Address 13045 TESSON FERRY RD.  
TAX DEPT. B1-06  
City-State-Zip: ST. LOUIS MO 63128

Title VP, SECRETARY  
Name PINA, JEANNETTE  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title EXECUTIVE VP, CFO  
Name MCCALLION, JOHN  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title DIRECTOR  
Name PODLOGAR, SUSAN  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title ASST. SECRETARY  
Name MCMURTRIE, ROBERTA  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE KLOTZBACH

AVP

05/08/2020

Electronic Signature of Signing Officer/Director Detail

Date