

2017 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 ROAD
TAX DEPARTMENT - B1-06
ST. LOUIS, MO 63128 US**FEI Number:** 55-0790010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VP
Name MCLINDEN, TIMOTHY
Address 11225 NORTH COMMUNITY HOUSE
RD
GRAGG BUILDING
City-State-Zip: CHARLOTTE NC 28277

Title EXECUTIVE VP, DIRECTOR
Name DEBEL, MARLENE
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title VP
Name KOEGER, JAMES W.
Address 13045 TESSON FERRY ROAD
City-State-Zip: ST. LOUIS MO 63128

Title SENIOR VP, SECRETARY
Name RING, TIMOTHY
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title SENIOR VP, ASSOCIATE GENERAL
COUNSEL
Name DEBIASE, CHRISTINE
Address 11225 NORTH COMMUNITY HOUSE
RD
GRAGG BUILDING
City-State-Zip: CHARLOTTE NC 28277

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

Title CHAIRMAN, PRESIDENT, CEO,
DIRECTOR
Name KANDARIAN, STEVEN
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: JAMES KOEGER

VICE PRESIDENT

04/27/2017

Electronic Signature of Signing Officer/Director Detail_____
Date