

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