

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006208

Entity Name: METLIFE GROUP, INC.**Current Principal Place of Business:**13045 TESSON FERRY RD., B1-06
ST. LOUIS, MO 63128**Current Mailing Address:**13045 TESSON FERRY RD.
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 J
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title VPS
Name DEBIASE, CHRISTINE M
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title EX. VP, CFO
Name HELE, JOHN CR
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title SECRETARY
Name RING, TIMOTHY J
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title D
Name HIJKOOP, FRANCISCUS
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title SVPT
Name DEBEL, MARLENE B
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

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

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 W. KOEGER**OFFIER****04/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date