

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003505

Entity Name: METLIFE INVESTORS DISTRIBUTION COMPANY**Current Principal Place of Business:**200 PARK AVENUE
NEW YORK, NY 10166**Current Mailing Address:**11330 OLIVE BLVD
6-B106
ST LOUIS, MO 63141 US**FEI Number:** 43-1906210**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	SECRETARY
Name	BUFORD, KELLI
Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166

Title	VP, TREASURER
Name	YICK, MICHAEL
Address	ONE METLIFE WAY
City-State-Zip:	WHIPPANY NJ 07981

Title	DIRECTOR, SR VP
Name	SCHUSTER, THOMAS
Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166

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

Title	VP
Name	KLOTZBACH, MICHELLE
Address	11330 OLIVE BLVD 6-B106
City-State-Zip:	ST LOUIS MO 63141-7275

Title	VP
Name	FRADKIN, GEOFFREY
Address	501 ROUTE 22
City-State-Zip:	BRIDGEWATER NJ 08807

Title	CHIEF LEGAL OFFICER
Name	ALPHONSO-NAPOLI, GEETA
Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166

Title	CHIEF COMPLIANCE OFFICER
Name	KUCHINSKY, ALEXIS
Address	ONE METLIFE WAY
City-State-Zip:	WHIPPANY NJ 07981

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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

VP

04/25/2025

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST VP
Name SHERREL, JENNIFER
Address 11330 OLIVE BLVD
6-B102
City-State-Zip: ST LOUIS MO 63141

Title SR VP, DIRECTOR
Name LOPEZ, GABRIEL
Address 18216 CRANE NEST DR
City-State-Zip: TAMPA FL 33647

Title VP
Name NAGHER, ABBY
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title SR VP, DIRECTOR
Name MCDERMOTT, MICHAEL
Address 200 PARK AVE
City-State-Zip: NEW YORK NY 10166

Title SR VP, CIO
Name ANTILLEY, DAN
Address 101 METLIFE WAY
City-State-Zip: CARY FL 27513

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

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

Title VP, DIRECTOR
Name WALL, ANIKA
Address 201 METLIFE WAY
City-State-Zip: CARY NC 27513

Title CFO, ASST. VP
Name GRUPPUSO, PETER
Address 200 PARK AVE
City-State-Zip: NEW YORK NY 10166