

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803376

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** METLIFE INSURANCE COMPANY OF CONNECTICUT

**Current Principal Place of Business:**

1300 HALL BOULEVARD  
BLOOMFIELD, CT 06002 US

**New Principal Place of Business:**

**Current Mailing Address:**

1095 AVENUE OF THE AMERICAS  
TAX DEPARTMENT - 15TH FLOOR  
NEW YORK, NY 10036 US

**New Mailing Address:**

1095 AVENUE OF THE AMERICAS  
TAX DEPARTMENT - MSC-15017  
NEW YORK, NY 10036 US

**FEI Number:** 06-0566090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
P.O. BOX 5200  
TALLAHASSEE, FL 323146200 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FARRELL, MICHAEL K  
Address: 10 PARK AVENUE  
City-St-Zip: MORRISTOWN, NJ 07962 US

Title: D  
Name: MORRIS, MARIA R  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036 US

Title: S  
Name: TORRES, ISAAC  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036 US

Title: AVP  
Name: ZDEB, JOSEPH A  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036 US

Title: VP  
Name: BRASH, STEVEN J  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: SVPT  
Name: GOULART, STEVEN J  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

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: JOSEPH A.ZDEB

AVP

04/13/2011

Electronic Signature of Signing Officer or Director

Date