
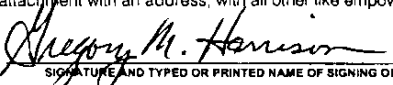


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90243 013 ***150.00

DOCUMENT # 809353 1. Entity Name GENERAL AMERICAN LIFE INSURANCE COMPANY					
Principal Place of Business 13045 TESSON FERRY RD B1-06 SAINT LOUIS, MO 63128			Mailing Address ONE METLIFE PL 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04092007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 43-0285930	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED WEBER, LISA M ONE METLIFE PL/27-01 QUEENS PL N LONG ISLAND CITY, NY 11101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRECO, IGNAZIO J ONE METLIFE PL/27-01 QUEENS PL N LONG ISLAND CITY, NY 11101	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, MICHAEL K 10 PARK AE MORRISTOWN, NJ 07962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV BOSSERT, JAMES P 10 PARK AVE MORRISTOWN, NJ 07962	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WILLIAMSON, ANTHONY J 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JORDAN, DANIEL D 501 BOYLSTON ST BOSTON, MA 02116	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer James W. Koeger 13045 Tesson Ferry Road St. Louis, MO 63128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Gregory M. Harrison One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Gregory M. Harrison Assistant Treasurer,		04/11/2007, 212-578-4852	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	