2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State
04-09-2008 90038 019 ***150.00

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1. Entity Name
METROPOLITAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE METLIFE PLAZA 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 US	ONE METLIFE PLAZA 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 US

40063332

03282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-5581829 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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 _____
Signature, typed or printed name of registered agent and title if applicable. (Required) Registered Agent signature required when name(s) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PCEO HENRICKSON, C. ROBERT ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N. LONG ISLAND CITY, NY 11101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, CEO & Director C. Robert Henrikson One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRASH, STEVEN J ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N. LONG ISLAND CITY, NY 11101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERKO, EDWARD M 10 PARK AVENUE MORRISTOWN, NJ 07962	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS CARR, GWENN L ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N. LONG ISLAND CITY, NY 11101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARRISON, GREGORY M ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPT WILLIAMSON, ANTHONY J ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N. LONG ISLAND CITY, NY 11101	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr. VP & Treasurer Eric T. Steigerwalt One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	☐ Change ☒ 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: Steven J. Brash Steven J. Brash, Vice President, 04/ 1 /2008, 212-578-4852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #