

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 821563 (4)
1. Corporation Name
METLIFE SECURITY INSURANCE COMPANY OF LOUISIANA



Principal Place of Business

Mailing Address

8
E HANOVER NJ 07936
US

ONE MADISON AVE.
AREA 8-FG
NEW YORK NY 10010
US

3. Date Incorporated or Qualified 06/18/1968	3a. Date of Last Report 07/13/1995
4. FEI Number 72-0578990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. 72 Eagle Rock Avenue Suite, Apt. #, etc. 22. City & State 23. East Hanover, NJ Zip 24. 07936	2a. Mailing Address 25. Suite, Apt. #, etc. 27. City & State 28. East Hanover, NJ Zip 29. 07936	Country 30. U.S.
---	--	---------------------

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOLOCI, JOHN	1.2 NAME	
STREET ADDRESS	1 MADISON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRIKSON, CARL R	2.2 NAME	
STREET ADDRESS	1 MADISON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEITLIN, ALEXANDER	3.2 NAME	
STREET ADDRESS	1 MADISON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, JAMES S.	4.2 NAME	
STREET ADDRESS	1 MADISON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, RICHARD M.	5.2 NAME	
STREET ADDRESS	1 MADISON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	AC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, STANLEY	6.2 NAME	
STREET ADDRESS	1 MADISON AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Blackwell

Secretary

4/22/96 (212) 578-5063

DIRECTORS AND OFFICERS LISTING

Page 2
02/24/94

COMPANY: METLIFE SECURITY INSURANCE COMPANY OF LOUISIANA
ROLE: OFFICER

Name	Title
BLACKWELL, RICHARD M.	SECRETARY
BLOMBERG, JOHN	ASSISTANT VICE-PRESIDENT
BRASH, STEVEN J.	ASSISTANT VICE-PRESIDENT
CERQUA, PETER R.	VICE-PRESIDENT
DIVER, J. EDMOND	VICE-PRESIDENT
FLECKENSTEIN, ROBERT O.	ASSISTANT VICE-PRESIDENT
HENRIKSON, CARL R.	CHAIRMAN OF THE BOARD, PRESIDENT AND CEO
JORDAN, JOSEPH W.	EXECUTIVE VICE-PRESIDENT
LAVELLE, JOHN W.	ASSISTANT VICE-PRESIDENT
MANDEL, RICHARD G.	ASSISTANT SECRETARY
MANNINO, TERESA	ASSISTANT VICE-PRESIDENT
MARE, RONALD	ASSISTANT TREASURER
MCAHON, DENNIS E.	VICE-PRESIDENT
RAGUSA, LOUIS J.	ASSISTANT SECRETARY
RUSSELL, JAMES S.	VICE-PRESIDENT AND TREASURER
SANTOLOCI, JOHN L.	VICE-PRESIDENT AND CHIEF ACTUARY
SAUNDERS, STANLEY	CONTROLLER
SCHEITLIN, ALEXANDER G.	VICE-PRESIDENT AND CHIEF ACCTNG. OFFICER
SCHMIDT, TIMOTHY L.	VICE-PRESIDENT
SHUMAN, IRA H.	ASSISTANT SECRETARY
WELCH, JOHN E.	GENERAL AUDITOR
WHITE, STEPHEN E.	VICE-PRESIDENT
WILLIAMSON, ANTHONY J.	VICE-PRESIDENT

BUSINESS ADDRESS OF MOST
OFFICERS LISTED ABOVE:

ONE MADISON AVENUE
NEW YORK, NY 10010

DIRECTORS AND OFFICERS LISTING

Page 1
02/24/94

3-3

COMPANY: METLIFE SECURITY INSURANCE COMPANY OF LOUISIANA
ROLE: DIRECTOR

Name

Title

BLACKWELL, RICHARD M.
HENRIKSON, CARL R.
HODGMAN, JEFFREY J.
JORDAN, JOSEPH W.
MANDEL, RICHARD G.
VALENTINO, JAMES A.

SECRETARY
CHAIRMAN OF THE BOARD, PRESIDENT AND CEO
EXECUTIVE VICE-PRESIDENT
ASSISTANT SECRETARY

BUSINESS ADDRESS OF DIRECTORS
LISTED ABOVE :

ONE MADISON AVENUE
NEW YORK, NY 10010