

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **821563** (4)
1. Corporation Name
METLIFE SECURITY INSURANCE COMPANY OF LOUISIANA



Principal Place of Business 72 EAGLE ROCK AVE EAST HANOVER N 07836 US	Mailing Address ONE MADISON AVE. AREA 8-FG NEW YORK NY 10010-3803 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1968	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 72-0578990		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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 _____ (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	SCHUITLIN, 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, RICHARD M.	5.2 NAME	
STREET ADDRESS	1 MADISON AVENUE	5.3 STREET ADDRESS	One Madison Ave.
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10010
TITLE	AC	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, STANLEY	6.2 NAME	
STREET ADDRESS	1 MADISON AVENUE	6.3 STREET ADDRESS	1 Madison Ave.
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	New York, NY 10010

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

SIGNATURE: Steven J. Brash REQUIRED
Signature and typed or printed name of signing officer or director
Date: 4/21/97 Daytime Phone #: 212-578-2576
Asst. Vice-Pres.

CR2E034 (9/96)

METLIFE SECURITY INSURANCE COMPANY OF LOUISIANA

OFFICER LISTING

Carl R. Henrikson	Chairman of the Board, President and Chief Executive Officer	153 Sunset Hill Road New Canaan, CT 06840
Roy C. Albertalli	Secretary	47 Spring Ridge Drive Berkeley Heights, NJ 07922
Alexandre G. Scheitlin	Vice-President and Chief Accounting Officer	125 East 72nd Street New York, NY 10021
Joseph W. Jordan	Executive Vice-President	440 East 23rd Street New York, NY 10010
James S. Russell	Vice-President & Treasurer	96 New England Avenue Summit, NJ 07901
Jonathan L. Rosenthal	Vice-President	210 Woods End Drive Basking Ridge, NJ 07920
Anthony J. Williamson	Vice-President	43 Tanglewood Drive Summit, NJ 07901
John L. Santoloci	Vice-President and Chief Actuary	162F Long Beach Blvd Loveladies, NJ 08008
Peter R. Cerqua	Vice-President	8 Independence Way Convent Station, NJ 07961
Leland C. Launer, Jr.	Vice-President	P.O. Box 7 New Vernon, NJ 07976
Thomas E. Lenihan	Vice-President	81 Miller Road Morristown, NJ 07960
Robert J. Noll	Vice-President	55 Bellevue Avenue Summit, NJ 07901
James A. Wiviott	Vice-President	49 Alexandria Road Morristown, NJ 07960
David Quentin Hawk	Vice-President	6 Indian Hollow Road Mendham, NJ 07945
Steven J. Brash	Assistant Vice-President	332 East 84th St. New York, NY 10028
Ronald Mare	Assistant Treasurer	53-12 214th Street Bayside, NY 11364

BUSINESS ADDRESS OF ALL OFFICERS: ONE MADISON AVENUE, NEW YORK, NY 10010

METLIFE SECURITY INSURANCE COMPANY OF LOUISIANA

DIRECTORS

Roy C. Albertalli	47 Spring Ridge Drive Berkeley Heights, NJ 07922
Joseph W. Jordan	440 East 23rd Street New York, NY 10010
James A. Valentino	7 Peter Cooper Road New York, NY 10010
Carl R. Herikson	153 Sunset Hill Road New Canaan, CT 06840
Nicholas D. Latrenta	344 Nicholas Avenue Hillsdale, NJ 07642
Jeffrey J. Hodgman	24 Hoyt Farm Drive New Canaan, CT 06840-5053
Richard G. Mandel	46 Ellsworth Drive Robbinsville, NJ 08691

BUSINESS ADDRESS OF ALL DIRECTORS:

ONE MADISON AVENUE
NEW YORK, NY 10010