

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90243 043 ***150.00

DOCUMENT # 821563

1. Corporation Name

METLIFE SECURITY INSURANCE COMPANY OF LOUISIANA

Principal Place of Business

72 EAGLE ROCK AVE
EAST HANOVER N 07936
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1968

4. FEI Number

72-0578990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 ☒ DELETE
NAME SANTOLOCI, JOHN
STREET ADDRESS 1 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME James P. Bossert
1.3 STREET ADDRESS One Madison Ave.
1.4 CITY-ST-ZIP New York, NY 10010

TITLE PD ☒ DELETE
NAME HENRIKSON, CARL R
STREET ADDRESS 1 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY

2.1 TITLE Chairman of the Board ☒ Change ☐ Addition
2.2 NAME Stanley J. Talbi
2.3 STREET ADDRESS One Madison Ave.
2.4 CITY-ST-ZIP New York, NY 10010

TITLE VP ☐ DELETE
NAME SCHEITLIN, ALEXANDER
STREET ADDRESS 1 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VT ☒ DELETE
NAME RUSSELL, JAMES S.
STREET ADDRESS 1 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY

4.1 TITLE Vice-President & Treas. ☒ Change ☐ Addition
4.2 NAME Anthony J. Williamson
4.3 STREET ADDRESS 1 Madison Avenue
4.4 CITY-ST-ZIP New York, NY 10010

TITLE SD ☐ DELETE
NAME ALBERTALLI, ROY C
STREET ADDRESS ONE MADISON AVE
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Eugene Capobianco
5.3 STREET ADDRESS 292 Wyandanch Road
5.4 CITY-ST-ZIP Sayville, NY 11782

TITLE AVP ☐ DELETE
NAME BRASH, STEVEN J
STREET ADDRESS 1 MADISON AVE
CITY-ST-ZIP NEW YORK NY

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Capobianco
Vice Pres. 4/26/99 (212) 578-4835
Date Daytime Phone #

CR2E034 (1/98)

0003995