**FILED**
**Jun 23, 2003 8:00 am**
**Secretary of State**
06-23-2003 90058 024 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821563

1. Entity Name
METLIFE SECURITY INSURANCE COMPANY OF LOUISIANA

| Principal Place of Business | Mailing Address |
|---|---|
| 72 EAGLE ROCK AVE<br>EAST HANOVER N 07936<br>US | ONE MADISON AVE.<br>AREA 8-FG<br>NEW YORK NY 10010<br>US |

[redacted]

☒ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | One MetLife Plaza<br>Suite, Apt. #, etc.<br>27-01 Queens Plaza North |
| City & State | City & State<br>Long Island City, NY 11101 |
| Zip / Country | Zip 11101 / Country U.S. |

4. FEI Number 72-0578980 ☐ 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 |
|---|---|
| INSURANCE COMMISSIONER<br>CAPITOL BUILDING<br>TALLAHASSEE FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 | VP<br>BOSSERT, JAMES P<br>1 MADISON AVENUE<br>NEW YORK NY 10010 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Timothy J. McLinden<br>One MetLife Plaza, 27-01 Queens Plaza North<br>Long Island City, NY 11101 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | COBP<br>TALBI, STANLEY J<br>1 MADISON AVENUE<br>NEW YORK NY 10010 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>SCHEITLIN, ALEXANDER G<br>27-01 QUEENS PLAZA NORTH<br>LONG ISLAND CITY NY 11101 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>WILLIAMSON, ANTHONY J<br>1 MADISON AVENUE<br>NEW YORK NY 10010 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>Anthony J. Williamson<br>One MetLife Plaza, 27-01 Queens Plaza North<br>Long Island City, NY 11101 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ALBERTALLI, ROY C<br>ONE MADISON AVE<br>NEW YORK NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AVP<br>BRASH, STEVEN J<br>1 MADISON AVE<br>NEW YORK NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Steven J. Brash<br>One MetLife Plaza, 27-01 Queens Plaza North<br>Long Island City, NY 11101 | ☒ Change ☐ Addition |

CR2E034 (10/02)

12. 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 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: SIGNATURE REQUIRED Steven J. Brash Vice-President 04/09/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #