

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834453

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** METLIFE INVESTORS USA INSURANCE COMPANY

**Current Principal Place of Business:**

5 PARK PLAZA  
SUITE 1900  
IRVINE, CA 92614

**New Principal Place of Business:**

**Current Mailing Address:**

5 PARK PLAZA  
SUITE 1900  
IRVINE, CA 92614

**New Mailing Address:**

1095 AVENUE OF THE AMERICAS  
TAX DEPARTMENT - MSC-15017  
NEW YORK, NY 10036 US

**FEI Number:** 54-0696644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O.BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPC  
Name: FARRELL, MICHAEL K  
Address: 10 PARK AVENUE  
City-St-Zip: MORRISTOWN, NJ 07962

Title: DV  
Name: KADUSON, JAY S  
Address: 10 PARK AVENUE  
City-St-Zip: MORRISTOWN, NJ 07962

Title: DV  
Name: KLEINBERG, BENNETT D  
Address: 1300 HALL BOULEVARD  
City-St-Zip: BLOOMFIELD, CT 06002

Title: S  
Name: TORRES, ISAAC  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: D  
Name: BUFFUM, SUSAN A  
Address: 10 PARK AVENUE  
City-St-Zip: MORRISTOWN, NJ 07962

Title: AVP  
Name: MCLINDEN, TIMOTHY J  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY J. MCLINDEN

AVP

04/10/2012

Electronic Signature of Signing Officer or Director

Date