2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91502 045 ***150.00

068735 FP

DOCUMENT # 834453

1. Entity Name
METLIFE INVESTORS USA INSURANCE COMPANY

Principal Place of Business	Mailing Address
22 CONPONATE PLAZA DRIVE NEWPORT BEACH CA 92660	22 CONPONATE PLAZA DRIVE NEWPORT BEACH CA 92660

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
22 Corporate Plaza Drive	22 Corporate Plaza Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 54-0696644 ☐ 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 CAPITOL BLDG. TALLAHASSEE FL 32399	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D SHEPHERDSON, III, JAMES A 22 CORPORATE PLAZA NEWPORT BEACH CA 92660	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC/CEO Michael K. Farrell 22 Corporate Plaza Drive Newport Beach, CA 92660	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAKOVICH, GREGORY P 22 CORPORATE PLAZA NEWPORT BEACH CA 92660	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/EVP/CFO James P. Bossert 22 CorporatePlaza Drive Newport Beach, CA 92660	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESERVE, PHILIP D 22 CORPORATE PLAZA NEWPORT BEACH CA 92660	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael R. Fanning 501 Boylston Street Boston, MA 02116	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEARSON, RICHARD C. 22 CORPORATE PLAZA NEWPORT BEACH CA 92660	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVP S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUFFUM, SUSAN A 334 MADISON AVENUE COVENANT STATION NJ 07961	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, MARY ANN 501 BOYLSTON STREET BOSTON MA 02116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hugh C. McHaffie 501 Boylston Street Boston, MA 02116	☐ 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: Richard C. Pearson SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard C. Pearson, EVP April 17, 2003 949-629-1317
Date Daytime Phone Number