FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844135 (4)

1. Corporation Name
METROPOLITAN INSURANCE AND ANNUITY COMPANY

Principal Place of Business	Mailing Address
ONE MADISON AVENUE NEW YORK, NY. 10010	ONE MADISON AVENUE NEW YORK, NY. 10010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1979
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 13-2876440 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	CHAIRMAN OF THE BOARD	☒ Change ☐ Addition
NAME	NAGLER, STEWART G.	12 NAME	ANTHONY C. CANNATELLA	
STREET ADDRESS	14 MYRTLE DRIVE	13 STREET ADDRESS	360 FIRST AVENUE	
CITY-ST-ZIP	GREAT NECK, NY 11201	14 CITY-ST-ZIP	NEW YORK, NY 10010	
TITLE	AC	21 TITLE		☐ Change ☐ Addition
NAME	MARE, RONALD	22 NAME		
STREET ADDRESS	53-12 214TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	BAYSIDE, NY 11364	24 CITY-ST-ZIP		
TITLE	VPT	31 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	WILLIAMSON, ANTHONY	32 NAME	WILLIAM D. KERRIGAN	
STREET ADDRESS	43 TANGLEWOOD DRIVE	33 STREET ADDRESS	239 KOCIEMBA DRIVE	
CITY-ST-ZIP	SUMMIT NJ 07901	34 CITY-ST-ZIP	RIVER VALE, NJ 07675	
TITLE	S	41 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	LATRENTA, NICHOLAS	42 NAME	JOSEPH A. REALI	
STREET ADDRESS	344 ST. NICHOLAS AVENUE	43 STREET ADDRESS	10 DOREE ROAD	
CITY-ST-ZIP	HILLSDALE, NJ 07642	44 CITY-ST-ZIP	MORGANVILLE, NJ 07751	
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	KAMEN, HARRY P	52 NAME		
STREET ADDRESS	200 E. 78TH STREET	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE	V	61 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	REITTER, ELLIOTT	62 NAME	IRA H. SHUMAN	
STREET ADDRESS	9 BARD PLACE	63 STREET ADDRESS	436 ALBEMARLE ROAD	
CITY-ST-ZIP	OLD BRIDGE, NJ 08857	64 CITY-ST-ZIP	CEDARHURST, NY 11516	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ronald Mare RONALD MARE 4/28/95 (212)578-3763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ASST. CONTROLLER

0395821 FP