

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 90201 027 ***150.00

DOCUMENT # 844135

1. Corporation Name

METROPOLITAN INSURANCE AND ANNUITY COMPANY



Principal Place of Business

ONE MADISON AVENUE
NEW YORK, NY. 10010

Mailing Address

ONE MADISON AVENUE
NEW YORK, NY. 10010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1979

4. FEI Number

13-2876440

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32304

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 COB
NAME LEVENE, DAVID A
STREET ADDRESS 6 WINCOTT DR
CITY-ST-ZIP MELVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AC
NAME MARE, RONALD
STREET ADDRESS 53-12 214TH STREET
CITY-ST-ZIP BAYSIDE, NY 11364

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VP
NAME KERRIGAN, WILLIAM D
STREET ADDRESS 239 KOCIEMBA DR
CITY-ST-ZIP RIVER VALE NJ

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

☒ Change ☐ Addition

TITLE VP
NAME CHRISTINE N. MARKUSSEN
STREET ADDRESS 17 INDIAN HEAD ROAD
CITY-ST-ZIP MORRIS TOWNSHIP NJ

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE T
NAME ARTHUR G. TYPERMASS
STREET ADDRESS 43 CHESTNUT ST
CITY-ST-ZIP GRADEN CITY NJ

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VP
NAME SHUMAN, IRA H
STREET ADDRESS 436 ALBEMARLE RD
CITY-ST-ZIP CEDARHURST NY

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

☒ Change ☐ Addition

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:

Eugene Capobianco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Capobianco

Vice Pres.

Date

4/26/99

(212) 578-4835

Daytime Phone #

CR2E034 (11/98)