2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844135 (4)

Entity Name

METROPOLITAN INSURANCE AND ANNUITY COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90029 028 ***150.00

Principal Place of Business	Mailing Address
AVE. 8FG YORK NY 10010	ONE MADISON AVE. AREA 8FG NEW YORK NY 10010-3603 US

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-2876440 — 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
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
COB ☐ Delete LEVENE, DAVID A ADDRESS SIX WINCOTT DRIVE ST-ZIP MELVILLE FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
VP & CONTROLLER ☐ Delete CAPOBIANCO, EUGENE A ADDRESS ONE MADISON AVENUE ST-ZIP NEW YORK NY 10010	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
VP ☐ Delete KERRIGAN, WILLIAM D ADDRESS 239 LOCIEMBA DRIVE ST-ZIP RIVER VALE NJ	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
VP ☐ Delete MARKUSSEN, CHRISTINE N ADDRESS 17 INDIAN HEAD ROAD ST-ZIP MORRIS TOWNSHIP NJ	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
P & CHIEF EXECUTIVE OFFICER ☐ Delete BELLER, GARY A ADDRESS ONE MADISON AVENUE ST-ZIP NEW YORK NY 10010	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☒ Addition
VP ☐ Delete SHUMAN, IRA H ADDRESS 436 ALBEMARLE ROAD ST-ZIP CEDARHURST NY	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene A. Capobianco — Eugene A. Capobianco, Vice-President & Controller, 04/25/2000, 212-578-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #