

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90197 009 ***150.00

DOCUMENT # 844135

1. Entity 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**

2. 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

**INSURANCE COMMISSIONER OF FLORIDA
 CAPITOL BLDG.
 TALLAHASSEE FL 32304**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 JOSEPH A ZDEB
 ONE MADISON AVENUE
 NEW YORK, NY 10010** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCEO
 BELLAR, GARY A
 114 E 72ND ST
 NEW YORK NY 10021** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VS
 GWENN L CARR
 ONE MADISON AVENUE
 NEW YORK, NY 10010** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VS
 RAGUSA, LOUIS J
 10 JASON CT
 DIX HILLS NY 11746** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CHAIRMAN
 ALAN E. LAZARESCU
 ONE MADISON AVENUE
 NEW YORK, NY 10010** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VT
 WHEELER, WILLIAM
 147 BRIE AVE
 SCARSDALE NY 10583** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 ANTHONY E AMODEO
 ONE MADISON AVENUE
 NEW YORK, NY 10010** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VCA
 ENDE, SUSAN M
 107 RIVIERA DR S
 MASSAPEQUA NY 11758** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 ANTHONY J WILLIAMSON
 334 MADISON AVENUE, P O BOX 633
 CONVENT STATION, NJ 07961** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 CAPOBLANCO, EUGENE
 292 WYANDANCH RD
 SAYVILLE NY 11782** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 STEVEN D. MEYERS
 ONE MADISON AVENUE
 NEW YORK, NY 10010** ☐ Change ☒ Addition

13. 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:

Joseph A. Zdeb

**Joseph A. Zdeb
 Vice-President**

04/23/01,

212-578-4832

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)