

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90075 031 \*\*\*150.00

SECRET AT

**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

4. FEI Number

**13-2876440**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 **V** ☐ Delete  
 NAME **ZDEB, JOSEPH A**  
 STREET ADDRESS **ONE MADISON AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10010**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME **PCEO**  
 STREET ADDRESS **BELLER, GARY A.**  
 CITY-ST-ZIP **ONE MADISON AVENUE  
 NEW YORK, NY 10010**

TITLE ☐ Delete  
 NAME **VS**  
 STREET ADDRESS **CARR, GEWNN L**  
 CITY-ST-ZIP **ONE MADISON AVENUE  
 NEW YORK NY 10010**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME **VT**  
 STREET ADDRESS **WHEELER, WILLIAM J.**  
 CITY-ST-ZIP **ONE MADISON AVENUE  
 NEW YORK, NY 10010**

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

TITLE ☐ Change ☒ Addition  
 NAME **VCA**  
 STREET ADDRESS **HARWOOD, MICHAEL P.**  
 CITY-ST-ZIP **ONE MADISON AVENUE  
 NEW YORK, NY 10010**

TITLE ☒ Delete  
 NAME **CHR**  
 STREET ADDRESS **LAZARERSCU, ALAN**  
 CITY-ST-ZIP **ONE MADISON AVENUE  
 NEW YORK NY 10010**

TITLE ☐ Change ☒ Addition  
 NAME **VC,CFO, CA**  
 STREET ADDRESS **MEYERS, STEVEN D.**  
 CITY-ST-ZIP **HARBORSIDE FINANCIAL CENTER, 600 PLAZA II  
 JERSEY CITY, NJ 07311**

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**

02 / 20 / 2002

212-578-4832

Date

Daytime Phone #

CR2E034 (9/01)