

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90131 024 ***550.00

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
One MetLife Plaza

3. Mailing Address
One MetLife Plaza

Suite, Apt. #, etc.
27-01 Queens Plaza North

Suite, Apt. #, etc.
27-01 Queens Plaza North

City & State
Long Island City, NY

City & State
Long Island City, NY

4. FEI Number **13-2876440**

Applied For
Not Applicable

Zip
11101

Country
U.S.

Zip
11101

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZDEB, JOSEPH A ONE MADISON AVENUE NEW YORK NY 10010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BELLER, GARY A ONE MADISON AVENUE NEW YORK NY 10010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CARR, GEWNN L ONE MADISON AVENUE NEW YORK NY 10010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WHEELER, WILLIAM J ONE MADISON AVENUE NEW YORK NY 10010	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCA HARWOOD, MICHAEL P ONE MADISON AVENUE NEW YORK NY 10010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCF MEYERS, STEVEN D HARBORSIDE FINANCIAL CENTER 600 PLAZA II JERSEY CITY NJ 07311	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Zdeb, Joseph A. One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP T Williamson, Anthony J. One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sr. A Harwood, Michael P. One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCIO Buffum, Susan A. 10 Park Avenue Morristown, NJ 07960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: **Joseph A. Zdeb**
Vice President, 07/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)