2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT#850109

FILED Oct 17, 2006 Secretary of State

Entity Name: METLIFE LIFE AND ANNUITY COMPANY OF CONNECTICUT

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
ONE CITY	PLACE				
18 CP HARTFOR	RD, CT 06103	US			
Current Mailing Address:			New Maili	ng Address:	
P.O. BOX	990026				
18 CP HARTFORD, CT 06199		US			
FEI Number: 06-0904249		FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Nam			Name and	Address of New Registered Agent:	
CHIEF FINANCIAL OFFICER 200 E GAINES ST TALLAHASSEE, FL 323990000 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.					
SIGNATURE: NOT REQUIRED					
	Electroni	c Signature of Registered Agen	t	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	VGCD () LEWITUS, MARI ONE CITYPLACI HARTFORD, CT	E 19CP	Title: Name: Address: City-St-Zip:	P (X) Change () Addition FARRELL, MICHAEL K 27-01 QUEENS PLAZA LONG ISLAND CITY, NY 11101 US	
Fitle: Name: Address: City-St-Zip:	DCOP () KOKULIS, GEOF ONE CITYPLACI HARTFORD, CT	E 19CP	Title: Name: Address: City-St-Zip:	EVPG (X) Change () Addition LIPSCOMB, JAMES L 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 US	
Fitle: Name: Address: City-St-Zip:	DVO () LAMMEY, GLEN ONE CITYPLACI HARTFORD, CT	E 19CP	Title: Name: Address: City-St-Zip:	SVPS (X) Change () Addition CARR, GWEEN L 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 US	
Fitle: Name: Address: City-St-Zip:	DVO () PRESTON, KATH ONE CITYPLACH HARTFORD, CT	HLEEN L E 10CP	Title: Name: Address: City-St-Zip:	AT (X) Change () Addition ZDEB, JOSEPH A 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 US	
Fitle: Name: Address: City-St-Zip:	S (X) WRIGHT, ERNE ONE CITYPLACI HARTFORD, CT	E 18CP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address:	DV (X) CASSIDY, EDW. ONE CITYPLAC		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSEPH A. ZDEB AT 10/17/2006

HARTFORD, CT 06103 US

City-St-Zip: