
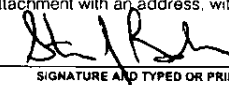


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90243 019 ***150.00

DOCUMENT # 850109 1. Entity Name METLIFE LIFE AND ANNUITY COMPANY OF CONNECTICUT					
Principal Place of Business ONE CITYPLACE 18 CP HARTFORD, CT 06103 US			Mailing Address P.O. BOX 990026 18 CP HARTFORD, CT 06199 US		
2. Principal Place of Business - No P.O. Box # One Cityplace Suite, Apt. #, etc.			3. Mailing Address One MetLife Plaza Suite, Apt. #, etc. 27-01 Queens Plaza N.		
City & State Hartford, CT			City & State Long Island City, NY		
Zip 06103-3415		Country USA		4. FEI Number 06-0904249	
Zip 11101		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRELL, MICHAEL K 27-01 QUEENS PLAZA LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Michael K. Farrell 10 Park Avenue Morristown, NJ 07962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPG LIPSCOMB, JAMES L 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lisa M. Weber 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	SVPS CARR, GWEEN L 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ZDEB, JOSEPH A 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Steven J. Brash One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP & Treasurer Anthony J. Williamson One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
SIGNATURE: 			Steven J. Brash, Vice President,		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 04/11/2007, Daytime Phone # 212-578-4852		

40065832



04102007 Chg-P CR2E034 (12/06)