

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-10-2002 90006 011 ***150.00

DOCUMENT # 850796

1. Entity Name
METLIFE INVESTORS INSURANCE COMPANY

Principal Place of Business

Mailing Address

~~ONE TOWER LN~~
~~STE 3000~~
~~OAKBROOK TERRACE IL 60181~~
~~US~~

~~ONE TOWER LN~~
~~STE 3000~~
~~OAKBROOK TERRACE IL 60181~~
~~US~~

91059



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22 CORPORATE PLAZA DR.

3. Mailing Address

22 CORPORATE PLAZA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWPORT BEACH, CA

City & State

NEWPORT BEACH CA

Zip

92660

Country

USA

Zip

92660

Country

USA

4. FEI Number

43-1236042

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 STATE OF FLORIDA
 CAPITAL BLDG
 TALLAHASSEE FL 32301**

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, MARK E 26511 SOUTHGATE TRAIL BARRINGTON IL 60010 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHEPHERDSON, JAMES A III 2701 BAY SHORE DRIVE NEWPORT BEACH CA 92660 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPAULDING, BERNARD J 54 OAK CREEK ST BURR RIDGE IL 60521 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUECKER, SHARI M 133 THOMPSON DRIVE WHEATON IL 60187 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPSON, J. R. 15141 SPRING ROAD #105 OAKBROOK TERRACE IL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HESTER, AMY W 2229 RIVERSIDE DRIVE PLAINFIELD IL 60544 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP + D + S Richard C. Pearson 22 Corporate Plaza Drive Newport Beach CA 92660 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-P + D + Co-C 22 Corporate Plaza Drive Newport Beach CA 92660 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-P + D + Co-C Gregory T. Brakovich 22 Corporate Plaza Drive Newport Beach CA 92660 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Ann Brown 501 Boylston St. Boston MA 02116 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susan A. Buffum 334 Madison Ave. Newport Station NJ 07961 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael R. Fanning 501 Boylston St. Boston MA 02116 ☒ 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 807, 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:

REQUIRED

April 22, 2002 (800) 989-3752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

*Attachment
to QAR*

850796

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**2002 Uniform Business Report (UBR) – Florida
MetLife Investors Insurance Company**

No. 12 Additions/Changes to Officers and Directors (continued)

Title	D
Name	David Y. Rogers
Street Address	501 Boylston Street
City-St-ZIP	Boston, MA 02116

Title	D
Name	Peter M. Schwarz
Street Address	600 Plaza II
City-St-ZIP	Jersey City, NJ 07311

Title	EVP & D
Name	Phillip D. Meserve
Street Address	22 Corporate Plaza Drive
City-St-ZIP	Newport Beach, CA 92660

Title	EVP
Name	Kenneth Jaffe
Street Address	22 Corporate Plaza Drive
City-St-ZIP	Newport Beach, CA 92660

Title	EVP
Name	Brian A. Kroll
Street Address	22 Corporate Plaza Drive
City-St-ZIP	Newport Beach, CA 92660

Title	T
Name	Anthony J. Williamson
Street Address	One MetLife Plaza, 27-01 Queens Plaza North
City-St-ZIP	Long Island City, NY 11101