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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **855868** **(6)**

1. Corporation Name

METROPOLITAN TOWER LIFE INSURANCE COMPANY

700001488427
-05/16/95--01051--015
*****25.00 *****25.00

Principal Place of Business	Mailing Address
1 MADISON AVE AREA 23-VW NEW YORK NY 10010	1 MADISON AVE AREA 23-VW NEW YORK NY 10010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 One Madison Ave.	26 One Madison Ave.
Suite, Apt. #, etc. 22 Area 8-FG	Suite, Apt. #, etc. 27 Area 8-FG
City & State 23 New York, NY	City & State 28 New York, NY
Zip / Country 24 10010 / 25	Zip / Country 29 10010 / 30

4. FEI Number: 13-3114906 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
700001488427
-05/16/95--01051--016
83 ****200.00 ****200.00
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. See Attached OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	C/P/D ☒ Change ☐ Addition
NAME	CRIMMINS, ROBERT J	12 NAME	Cannatella, Anthony C.
STREET ADDRESS	39 POLLY DRIVE	13 STREET ADDRESS	360 First Ave.
CITY-ST-ZIP	HUNTINGTON NY	14 CITY-ST-ZIP	New York, NY 10010
TITLE	V	21 TITLE	D ☒ Change ☐ Addition
NAME	WHITE, STEPHEN E	22 NAME	
STREET ADDRESS	6 PETER COOPER RD, #11B	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	V ☒ Change ☐ Addition
NAME	REITER, ELLIOT	32 NAME	Shuman, Ira H.
STREET ADDRESS	9 BARD PLACE	33 STREET ADDRESS	436 Albemarle Road
CITY-ST-ZIP	OLD BRIDGE NJ	34 CITY-ST-ZIP	Cedarhurst, NY 11516
TITLE	COB	41 TITLE	T ☒ Change ☐ Addition
NAME	NAGLER, STEWART G.	42 NAME	Typermass, Arthur G.
STREET ADDRESS	14 MYRTLE DRIVE	43 STREET ADDRESS	43 Chestnut ST
CITY-ST-ZIP	GREAT NECK, NY 11021	44 CITY-ST-ZIP	Garden City, NY 11530
TITLE	AC	51 TITLE	☐ Change ☐ Addition
NAME	MARE, RONALD	52 NAME	
STREET ADDRESS	53.12 214TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	BAYSIDE NY.	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	V ☒ Change ☐ Addition
NAME	MCDERMOTT, THOMAS F.	62 NAME	
STREET ADDRESS	708 BARRISTER COURT	63 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES NJ	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Ronald Mare Ronald Mare 5/8/95 (212) 578-3763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Assistant Controller

0000610 FP

METROPOLITAN TOWER LIFE INSURANCE COMPANY
OFFICER LISTING (CONT'D)

Howard Blakeslee	Actuary	59 Ariel Court Neshanic Station, NJ 08853
Michael P. Harwood	Actuary	50 Crescent Place Short Hills, NJ 07078
Ronald Mare	Assistant Controller	53-12 214 Street Bayside, NY 11364

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METROPOLITAN TOWER LIFE INSURANCE COMPANY
OFFICER LISTING AS OF 12/31/94
FEIN 13-3114906

NAME	TITLE	RESIDENTIAL ADDRESS
Anthony C. Cannatella	Chairman of the Board, President and Chief Executive Officer	360 First Avenue, Apt. 7C New York, NY 10010
Arthur G. Typermass	Treasurer	43 Chestnut Street Garden City, NY 11530
Joseph A. Reali	Secretary	10 Doree Road Morganville, NJ 07751
Peter E. Gladitsch	Controller	21 Lee's Lane Westport, CT 06880
Richard G. Mandel	Vice-President and General Counsel	46 Ellsworth Drive Robbinsville, NJ 08691
Anthony E. Amodeo	Vice-President and Actuary	122 Huntington Road Port Washington, NY 11050
William D. Kerrigan	Vice-President	239 Kociemba Drive River Vale, NJ 07675
Alan M. Neiditch	Vice-President	94 Riverview Road Irvington, NY 10533
Thomas F. McDermott	Vice-President	708 Barrister Court Franklin Lakes, NJ 07417
Ira H. Shuman	Vice-President	436 Albemarle Road Cedarhurst, NY 11516
Joseph A. Augustini	Vice-President	91 Shaker Road New Canaan, CT 06840
Robert M. Musen	Actuary	14 Oakcrest Court Holmdel, NJ 07733