

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 855868 (6)
1. Corporation Name
METROPOLITAN TOWER LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
ONE MADISON AVE. ONE MADISON AVE.
AREA 8-FG AREA 8-FG
NEW YORK NY 10010 NEW YORK NY 10010

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified 03/23/1983 3a. Date of Last Report 05/01/1995
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)
83
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD
NAME CANNATELLA, ANTHONY C.
STREET ADDRESS 360 FIRST AVE.
CITY-ST-ZIP NEW YORK NY
TITLE D
NAME WHITE, STEPHEN E
STREET ADDRESS 6 PETER COOPER RD, #11B
CITY-ST-ZIP NEW YORK NY
TITLE V
NAME SHUMAN, IRA H.
STREET ADDRESS 436 ALBEMARLE ROAD
CITY-ST-ZIP CEDARHURST NY
TITLE COB
NAME NAGLER, STEWART G.
STREET ADDRESS 14 MYRTLE DRIVE
CITY-ST-ZIP GREAT NECK, NY 11021
TITLE V
NAME MARE, RONALD
STREET ADDRESS 53.12 214TH ST
CITY-ST-ZIP BAYSIDE NY
TITLE VP
NAME MCDERMOTT, THOMAS F.
STREET ADDRESS 708 BARRISTER COURT
CITY-ST-ZIP FRANKLIN LAKES NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Treasurer
4.2 NAME Arthur G. Typermass
4.3 STREET ADDRESS 43 Chestnut St.
4.4 CITY-ST-ZIP Garden City, NY 11530
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(-), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald mare

BC

4/22/96 (212) 578-3763

Day

Daytime Phone

CR2E034 (12/95)

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DIRECTORS AND OFFICERS LISTING

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COMPANY: METROPOLITAN TOWER LIFE INSURANCE COMPANY
ROLE: DIRECTOR

Name

Title

AMODEO, ANTHONY E.
CANNATELLA, ANTHONY C.
KERRIGAN, WILLIAM D.
LAZARESCU, ALAN E.
LEFF, HAROLD B.
WHITE, STEPHEN E.
WILLIAMSON, ANTHONY J.

VICE-PRESIDENT AND ACTUARY
CHAIRMAN, PRESIDENT AND CEO
VICE-PRESIDENT

ASSISTANT TREASURER

Business Address of Directors :
One Madison Ave.
New York, NY 10010

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DIRECTORS AND OFFICERS LISTING

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COMPANY: METROPOLITAN TOWER LIFE INSURANCE COMPANY
ROLE: OFFICER

Name

Title

| | |
|---------------------------|--|
| ABELA, JOHN P. | ASSISTANT VICE-PRESIDENT |
| AMODEO, ANTHONY E. | VICE-PRESIDENT AND ACTUARY |
| AUGUSTINI, JOSEPH A. | VICE-PRESIDENT |
| BLAKESLEE, HOWARD | ACTUARY |
| CANNATELLA, ANTHONY C. | CHAIRMAN, PRESIDENT AND CEO |
| FRIEDMAN, IRA | ASSISTANT SECRETARY |
| GARDNER, BARBARA J. | ASSISTANT VICE-PRESIDENT |
| GLADITSCH, PETER E. | CONTROLLER |
| HARWOOD, MICHAEL P. | ACTUARY |
| KERRIGAN, WILLIAM D. | VICE-PRESIDENT |
| MALCOLM, KENNETH W. | ASSISTANT CONTROLLER |
| MANDEL, RICHARD G. | VICE-PRESIDENT, GEN. CNSL. & ASST. SECY. |
| MARE, RONALD | ASSISTANT CONTROLLER |
| MARKUSSEN, CHRISTINE NELS | VICE-PRESIDENT AND SECRETARY |
| MCDERMOTT, THOMAS F. | VICE-PRESIDENT |
| MUSEN, ROBERT M. | ACTUARY |
| NEIDITCH, ALAN M. | VICE-PRESIDENT |
| NICHOLAS, CHRISTOPHER P. | ASSISTANT SECRETARY AND ASST. GEN. CSL. |
| REYNOLDS, JOHN E. | ASSISTANT VICE-PRESIDENT |
| SHUMAN, IRA H. | VICE-PRESIDENT |
| STADLER, DONALD M. | ASSISTANT VICE-PRESIDENT |
| TYPERMASS, ARTHUR G. | TREASURER |
| VRANKA, LAWRENCE A. | ASSISTANT VICE-PRESIDENT |
| WILLIAMSON, ANTHONY J. | ASSISTANT TREASURER |

Business Address of Officers:

One Madison Ave.

New York, NY 10010