

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855868 (6)  
1. Corporation Name  
METROPOLITAN TOWER LIFE INSURANCE COMPANY

Principal Place of Business ONE MADISON AVE. AREA 8-FG NEW YORK NY 10010	Mailing Address ONE MADISON AVE. AREA 8-FG NEW YORK NY 10010
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/23/1983

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number  
13-3114906

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	LEVINE, DAVID A	
STREET ADDRESS	6 WINCOTT DR	
CITY-ST-ZIP	MELVILLE NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARKUSSEN, CHRISTINE N	
STREET ADDRESS	17 INDIAN HEAD RD	
CITY-ST-ZIP	MORRIS TOWNSHIP NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AMODEO, ANTHONY E	
STREET ADDRESS	122 HUNTINGTON RD	
CITY-ST-ZIP	PORT WASHINGTON NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARTHUR G. TYPERMASS	
STREET ADDRESS	43 CHESTNUT ST	
CITY-ST-ZIP	GARDEN CITY N	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARE, RONALD	
STREET ADDRESS	53.12 214TH ST	
CITY-ST-ZIP	BAYSIDE NY	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	KERRIGAN, WILLIAM	
STREET ADDRESS	239 KOCIEMBA DR	
CITY-ST-ZIP	RIVERVALE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Ronald Mare

4/28/98 (212) 578-3763

CR2E034 (10/97)

DIRECTORS AND OFFICERS LISTING

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COMPANY: METROPOLITAN TOWER LIFE INSURANCE COMPANY  
ROLE: DIRECTOR

FEI# 13-3114906

Name

Title

AMODEO, ANTHONY E.

ENDE, SUSAN M.

LAZARESCU, ALAN E.

LEFF, HAROLD B.

LEVENE, DAVID A.

WILLIAMSON, ANTHONY J.

WITTENBERG, PAULINE

VICE-PRESIDENT AND ACTUARY

CHAIRMAN, PRESIDENT AND CEO  
ASSISTANT TREASURER

# DIRECTORS AND OFFICERS LISTING

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COMPANY: METROPOLITAN TOWER LIFE INSURANCE COMPANY  
ROLE: OFFICER

Name	Title
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BLAKESLEE, HOWARD	ACTUARY
ENDE, SUSAN M.	VICE-PRESIDENT AND ACTUARY
FRIEDMAN, IRA	ASSISTANT SECRETARY
GARDNER, BARBARA J.	ASSISTANT VICE-PRESIDENT
HARWOOD, MICHAEL P.	VICE-PRESIDENT AND ACTUARY
KERRIGAN, WILLIAM D.	VICE-PRESIDENT
LEVENE, DAVID A.	CHAIRMAN, PRESIDENT AND CEO
MANDEL, RICHARD G.	VICE-PRESIDENT, GEN. CNSL. & ASST. SECY.
MARE, RONALD	ASSISTANT CONTROLLER
MARKUSSEN, CHRISTINE NELS	VICE-PRESIDENT
MCCORMACK, JAMES J.	VICE-PRESIDENT AND ASSISTANT SECRETARY
MUSEN, ROBERT M.	ACTUARY
NEIDITCH, ALAN M.	VICE-PRESIDENT
NICHOLAS, CHRISTOPHER P.	ASST. GEN. CSL.
RAGUSA, LOUIS J.	VICE-PRESIDENT AND SECRETARY
SAUNDERS, STANLEY	CONTROLLER
SHUMAN, IRA H.	VICE-PRESIDENT
STADLER, DONALD M.	ASSISTANT VICE-PRESIDENT
STODDARD, JANE	VICE-PRESIDENT AND ACTUARY
VRANKA, LAWRENCE A.	ASSISTANT VICE-PRESIDENT
WAGNER, ROBIN	ASSISTANT SECRETARY
WHEELER, WILLIAM J.	TREASURER
WILLIAMSON, ANTHONY J.	ASSISTANT TREASURER
ZELDIN, MARIAN J.	VICE-PRESIDENT AND ACTUARY