

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

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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855868

1. Corporation Name

METROPOLITAN TOWER LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

ONE MADISON AVE.
AREA 8-FG
NEW YORK NY 10010

ONE MADISON AVE.
AREA 8-FG
NEW YORK NY 10010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1983

4. FEI Number

13-3114906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32304

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, DAVID A	1.2 NAME	
STREET ADDRESS	6 WINCOTT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	1.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKUSSEN, CHRISTINE N	2.2 NAME	V. S. Louis Ragusa
STREET ADDRESS	17 INDIAN HEAD RD	2.3 STREET ADDRESS	10 Jason Court
CITY-ST-ZIP	MORRIS TOWNSHIP NJ	2.4 CITY-ST-ZIP	Dix Hills, NY 11746
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	V., Chief Actuary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMODEO, ANTHONY E	3.2 NAME	Susan M. Ende
STREET ADDRESS	122 HUNTINGTON RD	3.3 STREET ADDRESS	107 Riviera DR. South
CITY-ST-ZIP	PORT WASHINGTON NY	3.4 CITY-ST-ZIP	Massapequa, NY 11758
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR G. TYPERMASS	4.2 NAME	William Wheeler
STREET ADDRESS	43 CHESTNUT ST	4.3 STREET ADDRESS	147 Brite Ave.
CITY-ST-ZIP	GARDEN CITY N	4.4 CITY-ST-ZIP	Scarsdale, NY 10583
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARE, RONALD	5.2 NAME	Alan E. Lazarescu
STREET ADDRESS	53.12 214TH ST	5.3 STREET ADDRESS	Three Peter Cooper Road
CITY-ST-ZIP	BAYSIDE NY	5.4 CITY-ST-ZIP	New York, NY 10010
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRIGAN, WILLIAM	6.2 NAME	Eugene Capobianco
STREET ADDRESS	239 KOCIEMBA DR	6.3 STREET ADDRESS	292 Wyandanch Road
CITY-ST-ZIP	RIVERVALE NJ	6.4 CITY-ST-ZIP	Sayville, NY 11782

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, with all other like empowered.

SIGNATURE:

Eugene Capobianco
Eugene Capobianco
Vice-Pres.

4/26/99

(212) 578-4835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #