

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855868

Entity Name

METROPOLITAN TOWER LIFE INSURANCE COMPANY

Principal Place of Business

MADISON AVE.
8FG
YORK NY 10010

Mailing Address

ONE MADISON AVE.
AREA 8FG
NEW YORK NY 10010-3603
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

4. FEI Number

13-3114906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL 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

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

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, 2000 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ST-ZIP	CPD LEVINE, DAVID A 6 WINCOTT DR MELVILLE NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V & CONTROLLER CAPOBIANCO, EUGENE A ONE MADISON AVENUE NEW YORK NY 10010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	V, S RAGUSA, LOUIS 10 JASON COURT DIX HILLS NY 11746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	VD AMODEO, ANTHONY E 122 HUNTINGTON RD PORT WASHINGTON NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	V, CHIEF ACTUARY ENDE, SUSAN M 107 RIVIERA DR SOUTH MASSAPEQUA NY 11758	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	V, T WHEELER, WILLIAM 147 BRITE AVENUE SCARSDALE NY 10583	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	DIRECTOR LAZARESCU, ALAN E THREE PETER COOPER ROAD NEW YORK NY 10010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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.

Eugene A. Capobianco, Vice-President and
Controller, 04/25/2000, 212-578-4835

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiry Period