

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90197 010 ***150.00

DOCUMENT # 855868

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3114906**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

9. 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, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
LEVINE, DAVID A
6 WINCOTT DR
MELVILLE NY ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPCEO
ALAN E LAZARESCU
THREE PETER COOPER ROAD
NEW YORK, NY 10010 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
RAGUSA, LOUIS
10 JASON COURT
DIX HILLS NY 11746 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
GWENN L CARR
ONE MADISON AVENUE
NEW YORK, NY 10010 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCA
ENDE, SUSAN M
107 RIVIERA DR. SOUTH
MASSAPEQUA NY 11758 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JOSEPH A ZDEB
ONE MADISON AVENUE
NEW YORK, NY 10010 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
WHEELER, WILLIAM
147 BRITE AVE.
SCARSDALE NY 10583 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANTHONY E AMODEO
ONE MADISON AVENUE
NEW YORK, NY 10010 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAZARESCU, ALAN E
THREE PETER COOPER ROAD
NEW YORK NY 10010 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OLIVER N. GREEVES
ONE MADISON AVENUE
NEW YORK, NY 10010 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CAPOBIANCO, EUGENE
292 WYANDANCH ROAD
SAYVILLE NY 11782 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANTHONY J WILLIAMSON
334 MADISON AVENUE, P O BOX 633
CONVENT STATION, NJ 07961 ☐ Change ☒ Addition

13. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph A. Zdeb
Vice President,****04/23 /01, 212-578-4832**

Date

Daytime Phone #

CR2E034 (10/00)