

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90075 027 ***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 Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **PCEO** ☒ Delete
 NAME **LAZARESCU, ALAN E**
 STREET ADDRESS **THREE PETER COOPER ROAD**
 CITY-ST-ZIP **NEW YORK NY 10010**

TITLE **VS** ☐ Delete
 NAME **CARR, GWEN L**
 STREET ADDRESS **ONE MADISON AVENUE**
 CITY-ST-ZIP **NEW YORK NY 10010**

TITLE **VCA** ☒ Delete
 NAME **ENDE, SUSAN M**
 STREET ADDRESS **107 RIVIERA DR. SOUTH**
 CITY-ST-ZIP **MASSAPEQUA NY 11758**

TITLE **VT** ☐ Delete
 NAME **WHEELER, WILLIAM**
 STREET ADDRESS **147 BRITE AVE.**
 CITY-ST-ZIP **SCARSDALE NY 10583**

TITLE **D** ☒ Delete
 NAME **LAZARESCU, ALAN E**
 STREET ADDRESS **THREE PETER COOPER ROAD**
 CITY-ST-ZIP **NEW YORK NY 10010**

TITLE **D** ☐ Delete
 NAME **WILLIAMSON, ANTHONY J**
 STREET ADDRESS **334 MADISON AVENUE, PO BOX 633**
 CITY-ST-ZIP **CONVENT STATION NJ 07961**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VC, CFO, CA** ☐ Change ☒ Addition
 NAME **KANIUK, ANDREW**
 STREET ADDRESS **501 ROUTE 22**
 CITY-ST-ZIP **BRIDGEWATER, NJ 08807**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VCA** ☐ Change ☒ Addition
 NAME **MEYERS, STEVEN D.**
 STREET ADDRESS **HARBORSIDE FINANCIAL CENTER, 600 PLAZA II**
 CITY-ST-ZIP **JERSEY CITY, NJ 07311**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Change ☒ Addition
 NAME **AMODEO, ANTHONY E.**
 STREET ADDRESS **ONE MADISON AVENUE**
 CITY-ST-ZIP **NEW YORK, NY 10010**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ 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:

Joseph A. Zdeb
JOSEPH A. ZDEB
VICE-PRESIDENT

02 / 20 / 2002

212-578-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #