

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855868

Entity Name: METROPOLITAN TOWER LIFE INSURANCE COMPANY**Current Principal Place of Business:**13045 TESSON FERRY RD., B1-06
ST. LOUIS, MO 63128**Current Mailing Address:**13045 TESSON FERRY RD.
TAX DEPARTMENT B1-06
ST. LOUIS, MO 63128 US**FEI Number:** 13-3114906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	KANIUK, ANDREW
Address	501 ROUTE 22
City-State-Zip:	BRIDGEWATER NJ 08807
Title	PTD
Name	DEBEL, MARLENE B
Address	1095 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036
Title	VP
Name	KOEGER, JAMES W
Address	13045 TESSON FERRY ROAD
City-State-Zip:	ST LOUIS MO 63128

Title	VP/S
Name	REYNOLDS, TYLA
Address	600 NORTH KING STREET
City-State-Zip:	WILMINGTON DE 19801
Title	D, SR. VP
Name	MERCK, ROBERT R
Address	10 PARK AVENUE
City-State-Zip:	MORRISTOWN NJ 07962
Title	VP
Name	WERSCHING, PATRICIA M.
Address	13045 TESSON FERRY ROAD
City-State-Zip:	ST. LOUIS MO 63128

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES W. KOEGER

VP

04/20/2015

Electronic Signature of Signing Officer/Director Detail_____
Date