

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855868

Entity Name: METROPOLITAN TOWER LIFE INSURANCE COMPANY**Current Principal Place of Business:**200 PARK AVENUE
NEW YORK, NY 10166**Current Mailing Address:**13045 TESSON FERRY ROAD
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	SENIOR VP, DIRECTOR
Name	KANIUK, ANDREW
Address	501 ROUTE 22
City-State-Zip:	BRIDGEWATER NJ 08807

Title	VP, SECRETARY
Name	REYNOLDS, TYLA
Address	600 NORTH KING STREET
City-State-Zip:	WILMINGTON DE 19801

Title	DIRECTOR
Name	DEBEL, MARLENE
Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166

Title	SENIOR VP, DIRECTOR
Name	MERCK, ROBERT
Address	ONE METLIFE WAY
City-State-Zip:	WHIPPANY NJ 07981

Title	VP
Name	KOEGER, JAMES W
Address	13045 TESSON FERRY ROAD
City-State-Zip:	ST LOUIS MO 63128

Title	CFO, VP
Name	BELDEN, ANNE
Address	1 METLIFE PLAZA 27-01 QUEENS PLAZA NORTH
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	VP, ASST. TREASURER
Name	ANDERSON, WILLIAM
Address	ONE METLIFE WAY
City-State-Zip:	WHIPPANY NJ 07981

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

04/28/2017

Electronic Signature of Signing Officer/Director Detail_____
Date