

2022 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:**11330 OLIVE BLVD.
TAX DEPT. 6-B106
ST. LOUIS, MO 63141 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 SR VP
Name PINA, JEANNETTE
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title CFO, SR. VP
Name SAKOULAS, MICHAEL
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

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

Title SECRETARY
Name BUFORD, KELLI
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title ASSISTANT VP
Name KLOTZBACH, MICHELLE
Address 11330 OLIVE BLVD.
TAX DEPT. 6-B106
City-State-Zip: ST. LOUIS MO 63141

Title VP, TREASURER
Name CONNERY, CHARLES
Address ONE METLIFE WAY
City-State-Zip: WHIPPANY NJ 07981

Title PRESIDENT, DIRECTOR, CHAIRMAN
Name COX, GRAHAM
Address 501 ROUTE 22
City-State-Zip: BRIDGEWATER NJ 08807

Title ASST. SECRETARY
Name DONCOV, STEPHANIE
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

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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: MICHELLE KLOTZBACH

ASST VP

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ZARCONI, MICHAEL
Address 111 WASHINGTON AVE.
 SUITE 300
City-State-Zip: ALBANY NY 12210

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