

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855868

Entity Name: METROPOLITAN TOWER LIFE INSURANCE COMPANY**Current Principal Place of Business:**1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036**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 DIRECTOR, VP, SENIOR ACTUARY
Name KANIUK, ANDREW
Address 501 ROUTE 22
City-State-Zip: BRIDGEWATER NJ 08807

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

Title DIRECTOR, PRESIDENT, TREASURER
Name DEBEL, MARLENE B
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title D, SR. VP
Name MERCK, ROBERT R
Address 10 PARK AVENUE
City-State-Zip: MORRISTOWN NJ 07962

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

Title VP
Name WERSCHING, PATRICIA M.
Address 13045 TESSON FERRY ROAD
City-State-Zip: ST. LOUIS MO 63128

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

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

VICE PRESIDENT

03/29/2016

Electronic Signature of Signing Officer/Director Detail_____
Date