

**2019 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, AUDIT  
COMMITTEE MEMBER

Name KANIUK, ANDREW

Address 501 ROUTE 22

City-State-Zip: BRIDGEWATER NJ 08807

Title DIRECTOR, PRESIDENT, COMMITTEE  
CHAIRMAN

Name DEBEL, MARLENE

Address 200 PARK AVENUE

City-State-Zip: NEW YORK NY 10166

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, SECRETARY

Name PINA, JEANNETTE

Address 200 PARK AVENUE

City-State-Zip: NEW YORK NY 10166

Title ASSISTANT VP

Name KLOTZBACH, MICHELLE

Address 13045 TESSON FERRY ROAD  
B1-06

City-State-Zip: ST LOUIS MO 63128

Title VP, ASST. TREASURER

Name CONNERY, CHARLES

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:** MICHELLE KLOTZBACH**ASSISTANT VICE  
PRESIDENT****04/19/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date