



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 121331		2. Name of Corporation MetLife Investors Distribution Company, Inc.			
3. Street Address Principal Business Office 13045 Tesson Ferry Road			City St. Louis	State MO	Zip 63128
4. Business Phone No. 212-578-4852		5. State of Incorporation Missouri			
6. Brief Description of the Character of Business Conducted in Rhode Island Acting as an insurance agent or agency.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Sylvester			Vice President Name Craig W. Markham		
Street Address 10 Park Avenue			Street Address 13045 Tesson Ferry Road		
City Morristown	State NJ	Zip 07962	City St. Louis	State MO	Zip 63128
Secretary Name Richard C. Pearson			Treasurer Name Eric T. Steigerwalt		
Street Address Five Park Plaza			Street Address One MetLife Plaza, 27-01 Queens Plaza N.		
City Irvine	State CA	Zip 92614	City Long Island City	State NY	Zip 11101
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael K. Farrell			Director Name Craig W. Markham		
Street Address 10 Park Avenue			Street Address 13045 Tesson Ferry Road		
City Morristown	State NJ	Zip 07962	City St. Louis	State MO	Zip 63128
Director Name William J. Toppeta			Director Name		
Street Address One MetLife Plaza, 27-01 Queens Plaza N.			Street Address		
City Long Island City	State NY	Zip 11101	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
30,000	Common	\$0.00	25,000	Common	\$0.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Gregory M. Harrison 02/5/2008
Signature Date

Gregory M. Harrison

Print or Type Name

Assistant Vice President

Title

File Date	FILED
Check No.	FEB 07 2008
By:	<i>[Signature]</i>
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