



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 24089		2. Name of Corporation MetLife General Insurance Agency, Inc.		
3. Street Address Principal Business Office One MetLife Plaza, 27-01 Queens Plaza N.		City Long Island City	State NY	Zip 11101
4. Business Phone No. 212-578-4832		5. State of Incorporation Delaware		6. SIC Code 5702
7. Brief Description of the Character of Business Conducted in Rhode Island Agent/Broker for Insurance Companies				
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS				
President Name Peter J. Renna		Vice President Name Margery A. Brittain		
Street Address 485-E US Highway 1 S.		Street Address One MetLife Plaza, 27-01 Queens Plaza N.		
City Iselin	State NJ	Zip 08830	City Long Island City	State NY
Secretary Name James D. Gaughan		Treasurer Name Anthony J. Williamson		
Street Address One MetLife Plaza, 27-01 Queens Plaza N.		Street Address One MetLife Plaza, 27-01 Queens Plaza N.		
City Long Island City	State NY	Zip 11101	City Long Island City	State NY
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS				
Director Name Margery A. Brittain		Director Name Hugh C. McHaffie		
Street Address One MetLife Plaza, 27-01 Queens Plaza N.		Street Address 501 Boylston Street		
City Long Island City	State NY	Zip 11101	City Boston	State MA
Director Name Corey W. Overby		Director Name Peter J. Renna		
Street Address 501 Route 22		Street Address 485-E US Highway 1 S.		
City Bridgewater	State NJ	Zip 08807	City Iselin	State NJ
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000	Common	\$1.00	1,000	Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 1-21-05
Check No. 549832
By 2
FOR SECRETARY OF STATE USE ONLY

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 01/18/05
Signature of Officer Date
Gregory M. Harrison
Print or Type Name of Officer
Assistant Vice President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 24089		2. Name of Corporation METLIFE GENERAL INSURANCE AGENCY, INC.		
3. Street Address Principal Business Office One MetLife Plaza, 27-01 Queens Plaza N.		City Long Island City	State NY	Zip 11101
4. Business Phone No. 212-578-4832		5. State of Incorporation DELAWARE		6. SIC Code 5702
7. Brief Description of the Character of Business Conducted in Rhode Island AGENT/ BROKER FOR INSURANCE COMPANIES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name John F. Bohinski, Sr.		Vice President Name John T. Thompson		
Street Address 485-E US Highway 1 South		Street Address One Madison Avenue		
City Iselin	State NJ	Zip 08830	City New York	State NY
Secretary Name Ira H. Shuman		Treasurer Name Anthony J. Williamson		
Street Address One MetLife Plaza, 27-01 Queens Plaza N.		Street Address One MetLife Plaza, 27-01 Queens Plaza N.		
City Long Island City	State NY	Zip 11101	City Long Island City	State NY
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name William D. Moore		Director Name David M. Acselrod		
Street Address 501 Boylston Street		Street Address 501 Boylston Street		
City Boston	State MA	Zip 02116	City Boston	State MA
Director Name Joseph W. Jordan		Director Name		
Street Address Harborside Financial Center, 600 Plaza II		Street Address		
City Jersey City	State NJ	Zip 07311	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM \$1.00 PAR VALUE			1,000	Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 2 4 0 8 9 *

File Date	4/19/04
Check No.	000407664
By:	VS
FOR SECRETARY OF STATE USE ONLY	

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.

Ira H. Shuman 02/09/04
Signature of Officer Date

Secretary
Print or Type Name of Officer
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: ~~\$50.00~~

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

24089

2. Name of Corporation

METLIFE GENERAL INSURANCE AGENCY, INC.

3. Street Address Principal Business Office

One MetLife Plaza, 27-01 Queens Plaza North

City

Long Island City

State

NY

Zip

11101

4. Business Phone No.

212-578-4832

5. State of Incorporation

DELAWARE

6. SIC Code

5702

7. Brief Description of the Character of Business Conducted in Rhode Island

Agent/Broker for Insurance Companies

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

John F. Bohinski, Sr.

Vice President Name

Kimberly D. Brunson

Street Address

485-E US Highway 1 South, Suite 370

Street Address

485-E US Hwy. 1 South, Suite 370

City

Iselin

State

NJ

Zip

08830

City

Iselin

State

NJ

Zip

08830

Secretary Name

Ira H. Shuman

Treasurer Name

Anthony J. Williamson

Street Address

One Madison Avenue

Street Address

One MetLife Plaza, 27-01 Queens Plaza North

City

New York

State

NY

Zip

10010

City

Long Island City

State

NY

Zip

11101

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

William D. Moore

Director Name

Joseph W. Jordan

Street Address

501 Boylston Street

Street Address

Harborside Financial Center, 600 Plaza 11, Sixth Floor

City

Boston

State

MA

Zip

02116

City

Jersey City

State

NJ

Zip

07311

Director Name

Elliot Reiter

Director Name

David M. Acselrod

Street Address

501 Route 22

Street Address

501 Boylston Street

City

Bridgewater

State

NJ

Zip

08807

City

Boston

State

MA

Zip

02116

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

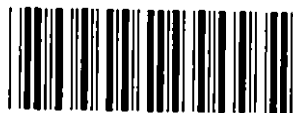
Par Value

1,000

Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 2 4 0 8 9 *

File Date: 2/5/03

Check No: 000250658

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Anthony J. Williamson 02/03/2003
Signature of Officer Date

Anthony J. Williamson

Print or Type Name of Officer

Treasurer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 24089 2. Name of Corporation METLIFE GENERAL INSURANCE AGENCY, INC.
3. Street Address Principal Business Office One Madison Avenue, Tax Dept., Area 5H City New York State NY Zip 10010
4. Business Phone No. 212-578-4832 5. State of Incorporation DELAWARE 6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island

Agent/Broker for Insurance Companies

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name John F. Bohinski, Sr.
Street Address 485-E US Highway 1 South, Suite 370
City Iselin State NJ Zip 08830
Secretary Name Ira H. Shuman
Street Address One Madison Avenue
City New York State NY Zip 10010
Vice President Name Kimberly D. Brunson
Street Address 485-E US Hwy. 1 South, Suite 370
City Iselin State NJ Zip 08830
Treasurer Name Anthony J. Williamson
Street Address One Madison Avenue
City New York State NY Zip 10010

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name William D. Moore
Street Address 501 Boylston Street
City Boston State MA Zip 02116
Director Name Elliot Reiter
Street Address 501 Route 22
City Bridgewater State NJ Zip 08807
Director Name Joseph W. Jordan
Street Address One Madison Avenue
City New York State NY Zip 10010
Director Name David M. Acselrod
Street Address 501 Boylston Street
City Boston State MA Zip 02116

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM	\$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 2 4 0 8 9 *

File Date: 2-22-02

Check No.: 90797

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 02/ /2002

Ira H. Shuman

Print or Type Name of Officer

Secretary

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

24089

MetLife General Insurance Agency, Inc.

3. Street Address Principal Business Office

One Madison Avenue, Tax Dept., Area 8E

City

New York

State

NY

Zip

10010

4. Business Phone No.

5. State of Incorporation

212-578-4832

Delaware

6. SIC Code

5702

7. Brief Description of the Character of Business Conducted in Rhode Island

Agent/Broker for Insurance Companies

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Michael R. Irvine

Street Address

Three Jenifer Lane

City

Cos Cob

State

CT

Zip

06807

Secretary Name

Ira H. Shuman

Street Address

One Madison Avenue

City

New York

State

NY

Zip

10010

Vice President Name

Anthony M. Sardis

Street Address

485-E US Hwy. 1 South, Suite 370

City

Iselin

State

NJ

Zip

08830

Treasurer Name

Janet Morgan

Street Address

Eight Pequana Lane

City

Commack

State

NY

Zip

11725

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Michael R. Irvine

Street Address

Three Jenifer Lane

City

Cos Cob

State

CT

Zip

06807

Director Name

Richard R. Tartre

Street Address

2440 Camino, Suite 300

City

San Ramon

State

CA

Zip

94583

Director Name

Joseph W. Jordan

Street Address

440 East 23rd Street

City

New York

State

NY

Zip

10010

Director Name

Rick Mitchell

Street Address

4250 Nottingham Drive

City

Danville

State

CA

Zip

94506

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$1.00

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

2/27

Check No.:

2895

By:

2

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

02/26/2001

Date

Ira H. Shuman

Print or Type Name of Officer

Secretary

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

24089

METLIFE GENERAL INSURANCE AGENCY, INC.

3. Street Address Principal Business Office

One Madison Avenue

City

New York

State

NY

Zip

10010

4. Business Phone No.

212-578-2625

5. State of Incorporation

DELAWARE

6. SIC Code

5702

7. Brief Description of the Character of Business Conducted in Rhode Island

Agent/Broker for Insurance Companies

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

John Mulhall

Street Address

One Madison Avenue

City

New York

State

NY

Zip

10010

Secretary Name

Ira Shuman

Street Address

One Madison Avenue

City

New York

State

NY

Zip

10010

~~XXXXXXXXXX~~ Name Asst. Vice-President

Leo R. Brown

Street Address

One Madison Avenue

City

New York

State

NY

Zip

10010

Treasurer Name

Joseph Panetta

Street Address

One Madison Avenue

City

New York

State

NY

Zip

10010

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Lawrence Brewster

Street Address

One Madison Avenue

City

New York

State

NY

Zip

10010

Director Name

John Thompson

Street Address

One Madison Avenue

City

New York

State

NY

Zip

10010

Director Name

Eliot Reiter

Street Address

One Madison Avenue

City

New York

State

NY

Zip

10010

Director Name

Richard Tatre

Street Address

One Madison Avenue

City

New York

State

NY

Zip

10010

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

1,000

Class/Series

Common

Par Value

\$1.00

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

1,000

Class/Series

Common

Par Value

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 2 4 0 8 9 *

File Date: 4/26/00

Check No.: 2508

By: C

FOR SECRETARY OF STATE USE ONLY

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.

Leo R. Brown

Signature of Officer

Leo R. Brown

02/29/2000

Date

Print or Type Name of Officer

Assistant Vice-President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **24089** 2. Name of Corporation **METLIFE GENERAL INSURANCE AGENCY, INC.**
3. Street Address Principal Business Office **ONE MADISON AVENUE** City **NEW YORK** State **NY** Zip **10010**
4. Business Phone No. **212-578-2625** 5. State of Incorporation **DELAWARE** 6. SIC Code **5702**

7. Brief Description of the Character of Business Conducted in Rhode Island

AGENT/BROKER FOR INSURANCE COMPANIES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **JOHN MULHALL** Vice President Name **LEO BROWN**
Street Address **ONE MADISON AVE.** Street Address **1 MADISON AVE.**
City **NEW YORK** State **NY** Zip **10010** City **NEW YORK** State **NY** Zip **10010**

Secretary Name **IRA SHUMAN** Treasurer Name **JOSEPH PANETTA**
Street Address **1 MADISON AVE.** Street Address **1 MADISON AVENUE**
City **NEW YORK** State **NY** Zip **10010** City **NEW YORK** State **NY** Zip **10010**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **LAWRENCE BREWSTER** Director Name **ELIOT REITER**
Street Address **ONE MADISON AVE.** Street Address **1 MADISON AVE.**
City **NEW YORK** State **NY** Zip **10010** City **NEW YORK** State **NY** Zip **10010**

Director Name **JOHN THOMPSON** Director Name **RICHARD TATRE**
Street Address **1 MADISON AVE.** Street Address **1 MADISON AVE.**
City **NEW YORK** State **NY** Zip **10010** City **NEW YORK** State **NY** Zip **10010**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES ISSUED SHARES
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value
1000 COMMON \$1.00 **1,000 COMMON \$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **Mar 1 1999**
Check No.: **1113**
By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Leo R. Brown** Date **2/23/99**
LEO R. BROWN
Print or Type Name of Officer
POST. VICE PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
24089

2. Name of Corporation
METLIFE GENERAL INSURANCE AGENCY, INC.

3. Street Address Principal Business Office

One Madison Avenue, Area 8EF

City
New York

State
NY

Zip
10010

4. Business Phone No.

(212) 578-6494

5. State of Incorporation
DELAWARE

6. SIC Code
5702

7. Brief Description of the Character of Business Conducted in Rhode Island

Agent/Broker for Insurance Company

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

John Mulhall

Street Address

One Madison Ave.

City
NY State
NY Zip
10010

Secretary Name

Ira Shuman

Street Address

One Madison Ave

City
NY State
NY Zip
10010

Vice President Name

Leo R. Brown

Street Address

One Madison Ave

City
NY State
NY Zip
10010

Treasurer Name

Joseph Panetta

Street Address

One Madison Ave

City
NY State
NY Zip
10010

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Lawrence Brewster

Street Address

One Madison Ave

City
NY State
NY Zip
10010

Director Name

John Mulhall

Street Address

One Madison Ave

City
NY State
NY Zip
10010

Director Name

Elliot Reiter

Street Address

One Madison Ave.

City
NY State
NY Zip
10010

Director Name

Richard Tartre

Street Address

One Madison Ave

City
NY State
NY Zip
10010

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 **Common** **\$1.00**

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 **Common** **\$1.00**



* 2 4 0 8 9 *

File Date: **3-11-98**

Check No.: **1884**

By: **IUP**

FOR SECRETARY OF STATE USE ONLY

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.

Leo R. Brown **3/6/98**
Signature of Officer Date

Leo R. Brown
Print or Type Name of Officer

Asst. Vice-President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

24089

2. Name of Corporation

METLIFE GENERAL INSURANCE AGENCY, INC.

3. Street Address Principal Business Office

ONE MADISON AVENUE

City

NEW YORK

State

NY

Zip

10010

4. Business Phone No.

212-578-6494

5. State of Incorporation

DELAWARE

6. SIC Code

5702

7. Brief Description of the Character of Business Conducted in Rhode Island

AGENT/BROKER FOR INSURANCE COMPANIES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

RICHARD R. ARONSON

Street Address

266 EVANGELINE DRIVE

City

MANDEVILLE

State

LA

Zip

70448

Secretary Name

IRA H. SHUMAN

Street Address

436 ABEMARLE ROAD

City

CEDARHURST

State

NY

Zip

11516

Vice President Name

ANTHONY C. SALERNO

Street Address

808 BROADWAY, APT. 6D

City

NEW YORK

State

NY

Zip

10003

Treasurer Name

JOSEPH M. PANETTA

Street Address

22 SHERMAN ROAD

City

GLENCOVE

State

NY

Zip

11542

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

ANTHONY E. AMODEO

Street Address

122 HUNTINGTON ROAD

City

PORT WASHINGTON

State

NY

Zip

11050

Director Name

VINCENT J. DONNELLY

Street Address

441 EAST 20TH STREET

City

NEW YORK

State

NY

Zip

10010

Director Name

GREGORY J. DOBY

Street Address

27 PROVIDENCE DRIVE

City

PRINCETON JUNCTION

State

NJ

Zip

08550

Director Name

MICHAEL LEVINE

Street Address

5A WALWORTH AVENUE

City

SCARSDALE

State

NY

Zip

10583

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

1,000

Class/Series

COMMON

Par Value

\$1.00

ISSUED SHARES

Number of Shares

1,000

Class/Series

COMMON

Par Value

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 2 4 0 8 9 *

File Date:

3/3/97

Check No.:

1112

By:

u

FOR SECRETARY OF STATE USE ONLY

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.

Leo R. Brown
Signature of Officer

2/27/97
Date

LEO R. BROWN
Print or Type Name of Officer

ASST. VICE-PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 24089		2. NAME OF CORPORATION METLIFE GENERAL INSURANCE AGENCY, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE ONE MADISON AVENUE - AREA 8FG		CITY NEW YORK	STATE NY
4. BUSINESS PHONE NO. (212) 578-6494		5. STATE OF INCORPORATION DELAWARE	6. SIC CODE 5702
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND AGENT/BROKER FOR INSURANCE COMPANIES			

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME RICHARD R. ARONSON		
VICE PRESIDENT NAME ANTHONY C. SALERNO		
STREET ADDRESS 266 EVANGELINE DRIVE		
STREET ADDRESS 808 BROADWAY		
CITY MANDEVILLE	STATE LA	ZIP CODE 70448
CITY NEW YORK	STATE NY	ZIP CODE 10003
SECRETARY NAME IRA H. SHUMAN		
TREASURER NAME JOSEPH M. PANETTA		
STREET ADDRESS 436 ALBEMARLE ROAD		
STREET ADDRESS 22 SHERMAN ROAD		
CITY CEDARHURST	STATE NY	ZIP CODE 11516
CITY GLEN COVE	STATE NY	ZIP CODE 11542

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME ANTHONY E. AMODEO		
DIRECTOR NAME GREGORY J. DOBY		
STREET ADDRESS 122 HUNTINGTON ROAD		
STREET ADDRESS 27 PROVIDENCE DRIVE		
CITY PORT WASHINGTON	STATE NY	ZIP CODE 11050
CITY PRINCETON JUNCTION	STATE NJ	ZIP CODE 08550
DIRECTOR NAME VINCENT J. DONNELLY		
DIRECTOR NAME MICHAEL LEVINE		
STREET ADDRESS 441 EAST 204th STREET		
STREET ADDRESS 54 WALWORTH AVENUE		
CITY NEW YORK	STATE NY	ZIP CODE 10010
CITY SCARSDALE	STATE NY	ZIP CODE 10583

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000	COMMON	\$1.00	1,000	COMMON	\$1.00

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Ira H. Shuman
Signature of Officer

IRA H. SHUMAN GC
Print or Type Name of Officer

SECRETARY
Title of Officer

5/22/96
Date

File Date: 5/28/96

Check No: 000000950

By: *[Signature]*

For Secretary of State Use Only

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0024083

1995

Corporate ID: _____ Annual Report for the year: _____

METLIFE GENERAL INSURANCE AGENCY, INC.

Name of Corporation: _____

Business entity organized under the laws of the State of: DELAWARE

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)

ONE MADISON AVENUE - AREA BFC
NEW YORK, NY 10010

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (212) 578-6494

Brief statement of the character of business conducted in Rhode Island:

AGENT/BROKER FOR INSURANCE COMPANIES

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE, RI 02903

Phone: ()

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
RICHARD R. ARONSON	266 EVANGELINE DRIVE, MANDEVILLE	LA	70448
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
ANTHONY C. SALERNO	808 BROADWAY	NEW YORK, NY	10003
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
IRA H. SHUMAN	436 ALBEMARLE ROAD, CEDARHURST	NY	11516
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
JOSEPH M. PANETTA	22 SHERMAN ROAD, GLEN COVE	NY	11542

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
ANTHONY E. AMODEO	122 HUNTINGTON ROAD, PORT WASHINGTON	NY	11050
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
GREGORY J. DOBY	27 PROVIDENCE DRIVE, PRINCETON JUNCTION	NJ	08550
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
VINCENT J. DONNELLY	441 EAST 20th STREET	NEW YORK, NY	10010

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
1,000	COMMON

Number of Shares	Class / Series
1,000	COMMON

FILED
MAR 01 1995
By: CP#30-1112

Date FEBRUARY 27, 19 95

By: Leo R. Brown

LEO R. BROWN

PRINT OR TYPE NAME OF OFFICER SIGNING

ASST. VICE - PRESIDENT

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE RI 02903

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0024069 Annual Report for the year: 1994

Name of Business Entity: NETLIFE GENERAL INSURANCE AGENCY, INC.

Business entity organized under the laws of the State of Delaware

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

One Madison Avenue - Area 23VW

New York, NY 10010

Phone: (212) 578-6494

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

CI Corporation System

123 Dyer Street

Providence, RI 02903

Phone: [REDACTED]

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Steven J. Brash, Assistant Vice-President

One Madison Avenue

Area 23VW

New York, NY 10010

Brief statement of the character of business conducted in Rhode Island.

Agent/Broker for Insurance Companies

Date of Organization: 08/30/83

Date of Qualification to do business in Rhode Island (if foreign entity)
03/01/84

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (Check One) <u>William L. Goggans</u>	<u>One Madison Avenue,</u>	<u>New York, NY</u>	<u>10010</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Anthony C. Salerno</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Thomas C. Hoi</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Joseph M. Panetta</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Anthony E. Amodeo</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
<u>Gregory J. Doby</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
<u>Vincent J. Donnelly</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,000

CLASS Common

SERIES N/A

PAR VALUE OR \$1.00
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1,000

CLASS Common

SERIES N/A

PAR VALUE OR \$1.00
WITHOUT PAR

Date March 1, 1994

By

Steven J. Brash

Steven J. Brash

PRINTED TYPE NAME OF OFFICER SIGNING

Assistant Vice-President

TITLE OF OFFICER SIGNING

Form 31 1-94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

CI CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE RI 02903

1620

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

26373
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0024089 Annual Report for the year 1993

FIRST: The name of the corporation is METLIFE GENERAL INSURANCE AGENCY, INC.

SECOND: It is incorporated under the laws of Delaware

THIRD: Character of business, briefly stated, is Agent/Broker for Insurance Companies

FOURTH: If foreign corporation, address of its principal office One Madison Avenue - Area 23W
New York, NY 10010

FIFTH: Business address in Rhode Island CT Corporation System
123 Dyer Street, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
George Trotta	Director	One Madison Avenue, New York, NY 10010
William D. Moore	Director	" " " " " " "
Richard N. Maurer	Director	" " " " " " "
Richard R. Aronson	President	" " " " " " "
John T. Thompson	Vice President	" " " " " " "
Thomas C. Hoi	Secretary	" " " " " " "
Joseph M. Panetta	Treasurer	" " " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	N/A	\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	N/A	\$1.00

Dated February 19, 19 93

MetLife General Insurance Agency, Inc.
(Name of Corporation)

By Steven J. Brash

Title Steven J. Brash, Asst. Vice-President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0024039 Annual Report for the year 1992

FIRST: The name of the corporation is METLIFE GENERAL INSURANCE AGENCY, INC

SECOND: It is incorporated under the laws of Delaware

THIRD: Character of business, briefly stated, is Agent/Broker for Insurance Companies

FOURTH: If foreign corporation, address of its principal office One Madison Avenue - Area 23VW
New York, New York 10010

FIFTH: Business address in Rhode Island CT Corporation System
123 Dyer Street, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Vincent J. Donnelly	Director	One Madison Avenue, New York, NY 10010
Bruce J. Goodman	Director	" " " " " " "
Richard N. Maurer	Director	" " " " " " "
Richard R. Aronson	President	" " " " " " "
John Thompson	Vice President	" " " " " " "
Thomas C. Hoi	Secretary	" " " " " " "
Joseph M. Panetta	Treasurer	" " " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	N/A	\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	N/A	\$1.00

Rec'd & Filed FEB 14 1992

Dated February 12 19 92

MetLife General Insurance Agency, Inc.
(Name of Corporation)

By Steven J. Brash

Title Steven J. Brash, Asst. Vice-President

(Report must be signed by an officer)

MetLife General Insurance Agency, Inc.

EIN: 13-3179826

OFFICERS

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Date of Appointment</u>
William L. Goggans SS # 420-38-0842	Chairman of the Board	162 Chateau Latour Drive Kenner, LA 70065	5/1/91
Richard R. Aronson SS # 472-30-5178	President, Chief Operating Officer	266 Evangeline Drive Mandeville, LA 70448	3/1/90
Anthony C. Salerno SS # 106-48-0726	Vice-President	808 Broadway New York, NY 10003	2/21/86
John Thompson SS # 434-84-9963	Vice-President	3725 Corrine Avenue Chalmette, LA 70043	9/19/91
Michael F. Toomey SS # 570-40-9693	Vice-President	20 Loblolly Court Manderville, LA 70448	9/19/91
Steven J. Brash SS # 153-42-0418	Asst. Vice-President	332 East 84th Street New York, NY 10028	2/19/88
Joseph A. Reali SS # 092-42-5027	Asst. Vice-President	10 Doree Road Morganville, NJ 07751	5/6/85
Thomas C. Hoi SS # 393-62-7042	Secretary	8 Cherokee Road East Brunswick, NJ 08816	2/19/88
Joseph M. Panetta SS # 101-30-0410	Treasurer	22 Sherman Road Glen Cove, NY 11542	2/19/88
Michael J. Garni SS # 056-40-8762	Controller	6 Delaware Road Bellerose Village, NY 11001	5/2/91

MetLife General Insurance Agency, Inc.

EIN: 13-3179826

DIRECTORS

<u>Name</u>	<u>Address</u>	<u>Date of Appointment</u>
Vincent J. Donnelly SS # 110-26-4860	441 East 20th Street New York, NY 10010	5/6/88
Bruce J. Goodman SS # 083-34-7809	73 Shrewsbury Drive Livingston, NJ 07039	8/5/86
Richard N. Maurer SS # 083-34-7809	60 Crest Drive Cranston, RI 02921	5/1/91
George B. Trotta SS # 547-32-7506	541 East 20th Street New York, NY 10010	9/1/83
William Moore SS # 298-48-4196	1600 Charlemagne Drive Hoffman Estates, IL 60195	5/1/91
Richard R. Aronson SS # 472-30-5178	266 Evangeline Drive Mandeville, LA 70448	5/1/91
William L. Goggans SS # 420-38-0842	162 Chateau Latour Drive Kenner, LA 70065	5/1/91

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0024089 Annual Report for the year 1991

FIRST: The name of the corporation is MetLife General Insurance Agency, Inc.

SECOND: It is incorporated under the laws of Delaware

THIRD: Character of business, briefly stated, is Agent/Broker for Insurance Companies

FOURTH: If foreign corporation, address of its principal office One Madison Avenue - Area 23VW
New York, New York 10010

FIFTH: Business address in Rhode Island C.T. Corporation System
123 Dyer Street, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Vincent J. Donnelly	Director	One Madison Avenue, New York, NY 10010
Bruce J. Goodman	Director	" " " " " " "
Charles M. Kavitsky	Director	" " " " " " "
Richard R. Aronson	President	" " " " " " "
Anthony C. Salerno	Vice President	" " " " " " "
Thomas C. Hoi	Secretary	" " " " " " "
Joseph M. Panetta	Treasurer	" " " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	N/A	\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	N/A	\$1.00

PAID
FEB 19 1991
SECY OF STATE

Dated February 14 19 91

MetLife General Insurance Agency, Inc.

(Name of Corporation)

By

Steven J. Brash

Title Steven J. Brash, Assistant Vice-President

(Report must be signed by an officer)

MetLife General Insurance Agency, Inc.

EIN: 13-3179826

DIRECTORS

<u>Name</u>	<u>Address</u>
Vincent J. Donnelly	441 East 20th Street New York, NY 10010
Bruce J. Goodman	73 Shrewsbury Drive Livingston, NJ 07039
Charles M. Kavitsky	67 Tamarisk Lane Deerfield, IL 60010
George B. Trotta	541 East 20th Street New York, NY 10010
Steven E. White	6 Peter Cooper Road New York, NY 10010

OFFICERS

<u>Name</u>	<u>Title</u>	<u>Address</u>
Charles M. Kavitsky	Chairman of the Board	67 Tamarisk Lane Deerfield, IL 60010
Richard R. Aronson	President, Chief Operating Officer	Dyckman Place Basking Ridge, NJ 07920
Anthony C. Salerno	Vice-President	808 Broadway New York, NY 10003
Steven J. Brash	Asst. Vice-President	332 East 84th Street New York, NY 10028
Joseph A. Reali	Asst. Vice-President	10 Doree Road Morganville, NJ 07751
Thomas C. Hoi	Secretary	8 Cherokee Road East Brunswick, NJ 08816
Joseph M. Panetta	Treasurer	22 Sherman Road Glen Cove, NY 11542
Barbara Timpano	Controller	85 Albatross Road Levittown, NY 11756

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903Corporate ID 0024089 Annual Report for the year 1989FIRST: The name of the corporation is METLIFE GENERAL INSURANCE AGENCY, INC.SECOND: It is incorporated under the laws of DelawareTHIRD: Character of business, briefly stated, is Agent / Broker for insurance companiesFOURTH: If foreign corporation, address of its principal office One Madison Avenue New York, NY 10010FIFTH: Business address in Rhode Island CT Corporation, 123 Dyer Street Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
See ATTACHED	Director	
LISTING	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	COMMON		\$ 1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	COMMON		\$ 1.00

Dated February 23 1990METLIFE GENERAL INSURANCE AGENCY, INC.
(Name of Corporation)By Steven J. Brash
STEVEN J. BRASH
Title ASSISTANT VICE-PRESIDENT

(Report must be signed by an officer)

DIRECTORS AND OFFICERS LISTING

Page 1
02/14/90

COMPANY: METLIFE GENERAL INSURANCE AGENCY, INC.
ROLE: DIRECTOR

Name	Title	Address
------	-------	---------

DONNELLY, VINCENT J.
GOODMAN, BRUCE J.
KAVITSKY, CHARLES M.
TROTТА, GEORGE B.
WHITE, STEPHEN E.

~~ONE MAN~~

CHAIRMAN OF THE BOARD

ONE Madison Ave
NY, NY 10010

DIRECTORS AND OFFICERS LISTING

Page 2
02/14/90

COMPANY: METLIFE GENERAL INSURANCE AGENCY, INC.
ROLE: OFFICER

Name Title

BRASH, STEVEN J.	ASSISTANT VICE PRESIDENT
HOI, THOMAS C.	SECRETARY
KAVITSKY, CHARLES M.	CHAIRMAN OF THE BOARD
ORTON, WILLIAM A.	PRESIDENT AND CHIEF OPERATING OFFICER
PANETTA, JOSEPH M.	TREASURER
REALI, JOSEPH A.	ASSISTANT VICE-PRESIDENT
SALERNO, ANTHONY C.	VICE-PRESIDENT
TIMPANO, BARBARA C.	CONTROLLER

* ALL LOCATED AT ONE MADISON AVENUE
NEW YORK, NY 10010

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

SL

Corporate ID 24089 Annual Report for the year 1989

FIRST: The name of the corporation is MetLife General Insurance Agency, Inc.

SECOND: It is incorporated under the laws of Delaware

THIRD: Character of business, briefly stated, is Agent/Broker for insurance companies

FOURTH: If foreign corporation, address of its principal office One Madison Avenue,
New York, New York 10010

FIFTH: Business address in Rhode Island CT Corporation, 123 Dyer Street,
Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

See Attached

Director

Listings

Director

President

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares
1,000

Class
Common

Series

PAID

FEB 16 1989

SECRETARY OF STATE

Par Value
or statement that
shares are without
par value

\$1.00

EIGHTH: Number of Shares issued:

No. of Shares
1,000

Class
Common

Series

Par Value
or statement that
shares are without
par value

\$1.00

Dated February 10 19 89

MetLife General Insurance Agency, Inc.
(Name of Corporation)

By Steven J. Brush
Steven J. Brush

Title Assistant Vice - President

(Report must be signed by an officer)

METLIFE GENERAL INSURANCE AGENCY , INC.

E.I.D. #13-3179836

EXECUTIVE OFFICERS

TITLE -----	NAME -----	RESIDENCE -----
CHAIRMAN OF THE BOARD CHIEF EXECUTIVE OFFICER	HAROLD G. LEFF	ONE MADISON AVENUE NEW YORK, NEW YORK 10010
CHIEF OPERATING OFFICER PRESIDENT	WILLIAM M. ORTON	ONE MADISON AVENUE NEW YORK, NEW YORK 10010
VICE-PRESIDENT	ANTHONY C. SALERNO	ONE MADISON AVENUE NEW YORK, NEW YORK 10010
ASSISTANT VICE-PRESIDENT	JOSEPH A. REALI	ONE MADISON AVENUE NEW YORK, NEW YORK 10010
ASSISTANT VICE-PRESIDENT	STEVEN J. BRASH	ONE MADISON AVENUE NEW YORK, NEW YORK 10010
SECRETARY	THOMAS C. HOI	ONE MADISON AVENUE NEW YORK, NEW YORK 10010
CONTROLLER	BARBARA C. TIMPANO	ONE MADISON AVENUE NEW YORK, NEW YORK 10010
TREASURER	JOSEPH M. PANETTA	ONE MADISON AVENUE NEW YORK, NEW YORK 10010

METLIFE GENERAL INSURANCE AGENCY, INC

E.I.D. #13-3179826

BOARD OF DIRECTORS

NAME -----	RESIDENCE -----
GEORGE B. TROTTA	ONE MADISON AVENUE NEW YORK, NY 10010
HAROLD B. LEFF	ONE MADISON AVENUE NEW YORK, NY 10010
BRUCE J. GOODMAN	ONE MADISON AVENUE NEW YORK, NY 10010
STEPHEN E. WHITE	ONE MADISON AVENUE NEW YORK, NY 10010
VINCENT J. DONNELLY	ONE MADISON AVENUE NEW YORK, NY 10010

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903Corporate ID 24089 Annual Report for the year 1988FIRST: The name of the corporation is METLIFE GENERAL INSURANCE AGENCY, INC.SECOND: It is incorporated under the laws of DelawareTHIRD: Character of business, briefly stated, is Agent/Broker for insurance companiesFOURTH: If foreign corporation, address of its principal office One Madison Avenue,
New York, NY 10010FIFTH: Business address in Rhode Island CT Corporation, 123 Dyer Street, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Richard N. Maurer	Director	One Madison Ave., NY, NY 10010
Bruce J. Goodman	Director	One Madison Ave., NY, NY 10010
Harold B. Leff	Director	One Madison Ave., NY, NY 10010
Vincent J. Donnelly	President	One Madison Ave., NY, NY 10010
Anthony C. Salerno	Vice President	One Madison Ave., NY, NY 10010
Thomas C. Hoi	Secretary	One Madison Ave., NY, NY 10010
Joseph M. Panetta	Treasurer	One Madison Ave., NY, NY 10010
Joseph A. Reali	Assistant V. President	One Madison Ave., NY, NY 10010

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		\$1.00

PAID

FEB 22 1989

SECY. OF STATE

Dated February 24, 1988MetLife General Insurance Agency
(Name of Corporation)By Joseph A. RealiTitle Assistant Vice-President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 24089

Annual Report for the year 1987

FIRST: The name of the corporation is MetLife General Insurance Agency, Inc.

SECOND: It is incorporated under the laws of Delaware

THIRD: Character of business, briefly stated, is Agent/Broker for insurance companies

FOURTH: If foreign corporation, address of its principal office One Madison Avenue, New York, NY
10010

FIFTH: Business address in Rhode Island CT Corporation, 123 Dyer Street, Providence,
Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Charles E. Lavezzoli	Director	One Madison Avenue, New York, NY 10010
Bruce J. Goodman	Director	One Madison Avenue, New York, NY 10010
Harold B. Leff	Director	One Madison Avenue, New York, NY 10010
Richard N. Maurer	President	One Madison Avenue, New York, NY 10010
Anthony C. Salerno	Vice President	One Madison Avenue, New York, NY 10010
Barry A. Cohen	Treasurer, Vice-President & Secretary	One Madison Avenue, New York, NY 10010
Joseph M. Panetta	Assistant Treasurer	One Madison Avenue, New York, NY 10010
Kenneth G. Lennon	Assistant Vice-President	One Madison Avenue, New York, NY 10010

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	-	\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	-	\$1.00

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SECY OF STATE

Dated February 25, 19 87

MetLife General Insurance Agency, Inc.
(Name of Corporation)

By Kenneth G. Lennon

Title Assistant Vice-President

(Report must be signed by an officer)

Par Value
or statement that
shares are without
par value

MAY 29 1987

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 24089 Annual Report for the year 1986

FIRST: The name of the corporation is METLIFE GENERAL INSURANCE AGENCY, INC.
NC.

SECOND: It is incorporated under the laws of Delaware

THIRD: Character of business, briefly stated, is Agent/Broker for insurance companies

FOURTH: If foreign corporation, address of its principal office One Madison Avenue, New York,
New York 10010

FIFTH: Business address in Rhode Island CT Corporation, 111 Westminster Street
Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
George B. Trotta	Director	One Madison Avenue, New York, NY 10010
Francis P. Lynch	Director	One Madison Avenue, New York, NY 10010
Samuel F. Fortunato	Director	One Madison Avenue, New York, NY 10010
Charles E. Iavazzoli	Director & President	One Madison Avenue, New York, NY 10010
Vincent J. Donnelly	Vice President	One Madison Avenue, New York, NY 10010
Richard N. Maurer	Secretary	One Madison Avenue, New York, NY 10010
Herbert Orenshein	Vice-President & Treasurer	One Madison Avenue, New York, NY 10010

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	-	\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	-	\$1.00

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FEB 28 1986

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Dated February 13 19 86

MetLife General Insurance Agency, Inc.
(Name of Corporation)

By Kenneth G. Fennon

Title Assistant Vice-President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

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270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 24089

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Providence, RI 02903

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(Attach rider if necessary)

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Francis P. Lynch	Director	1 Madison Avenue, New York, NY 10010
Samuel F. Fortunato	Director	1 Madison Avenue, New York, NY 10010
Charles E. Lavezzoli	Director & President	1 Madison Avenue, New York, NY 10010
Vincent J. Donnelly	Vice President	1 Madison Avenue, New York, NY 10010
Samuel J. Foti	Secretary & Treasurer	1 Madison Avenue, New York, NY 10010
Joseph M. Panetta	Ass't. Treasurer	1 Madison Avenue, New York, NY 10010

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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	-	\$1.00

Dated February 22 1985

RECEIVED MAK 1985

MetLife General Insurance Agency, Inc.
(Name of Corporation)

By Vincent J. Donnelly
Title Vice-President

(Report must be signed by an officer)

Form 31 1-85

METLIFE GENERAL INSURANCE AGENCY, INC.
CT CORPORATION SYSTEM
111 WESTMINSTER ST.
PROVIDENCE RI