

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

Filing Period: January	1 - March 1 ● Fig.	NNUAL REP ling Fee: \$50.00	ORT FOR THE YEA	AR	<u> </u>
(FORM MUST BE TYPED I. 1. Curporate II) No	N BLACK) 2. Name of Corpora	ation			·
24089			eral Insurance Agency	, Inc.	
3. Street Address Principal Bi One MetLife Plaza		laza N.	City Long Island City	State NY	Zip 11101
4. Business Phone No. 212–578–4832		5. State of Incorporat		- 	6. SIC Code 5702
7. Brief Description of the Ch				-	
Agent/Broker f	or Insurance	CERSIVEXTROX FOR	OTAÇUMENDT □ FÜLUNISPAÇES	nin dan dan dan dalam	Martin Tillian State Control
Presideni Name Peter J. Renna			Vice President Name Margery A. Britta		ACHMENIS STORY
Street Address			Street Address		-
485-E US Highw	tay I S.	75	One MetLife Plaza		ns Plaza N.
Iselin Secretary Name	NJ	^{Z₁p} 08830	City Long Island City	State NY	^{Zip} 11101
James D. Gaugh	ıan		** Tréasurer Name *** *** *** *** *** *** *** *** *** *	meon	• • • • • • • • • • •
Street Address			Street Address	31113UII	
One MetLife Pl			One MetLife Plaza	a, 27-01 Quee	ns Plaza N.
City Long Island Ci	ty NY	. Zip	City	State	Zip
9 NAMES AND ADDRI	SSES OF THE DIRE	GTORS (7"X" BOX FOR	. Long Island City ALINCHMENT),□ FLUINSPACE	NY S BEFORE USING AT	11101
Director Name Margery A. Bri			.Director Name Hugh C. McHaffie		
Street Address			Street Address	:	
One MetLife Pl	aza, 27-01 Qu	eens Plaza N.	501 Boylston Str	reet	
City	State	Zip	·City	State	Zip
Long Island Ci	ty: NY		Boston	MA.	02116
Corey W. Overb	у		Director Name Peter J. Renna		
Street Address 501 Route 22		· 	Street Address 485-E US Highway	1 S.	
<i>Cuy</i> Bridgewater	State N.J	08807	City	State	Zip
			Iselin	i NJ	08830
AUTHORIZED SHAKES			ISSUED SHARES	FURATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	\$1.00	1,000	Common	\$1.00
				<u>; </u>	
This report must be sign	ned in ink by either	the President Vice i	President, Secretary, Assistant S	 	T T
The second secon	incu in ink oy (time)	ine Tresident, vice i	resident, Secretary, Assistant S	secretary, Treasure	r, Receiver or Trustee
			Under penalty of perjury, I	declare and affirm tha	it I have examined
-		_	this report, including any a	ecompanying schedule	es and statements,
	2605		and that all statements cont	ained herein are true a	
File Date	-49832		Sugary his	Varison	01/ <i>/S</i> /05
Check No 5	-49832	2	Inguature of Officat	Date	e
	a.	-	Gregory M. Harr Print or Type Name of Officer		
B <u>y</u>			Assistant Vice		
FOR SECRETARY OF STAT	E USE ONLY		Title of Officer		Form 630 12:01



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

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

Matthew A. Brown, Secretary of State

PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2004
Filing Period: January 1 - March 1 •	Filing Fee: \$50.00	

(FORM MUST BE TYPED OR PRI:	NTED IN BIACK)	-			
1. Corporate ID No.	2. Name of Corpo	oration		 -	
24089	METLIFE G	ENERAL INSURANCE AG	SENCY, INC.		
3. Street Address Principal Business	ОДІсе	-	City	State	Zip
One MetLife Plaza,	27-01 Que		Long Island Cit	y NY	11101
4. Business Phone No.		5. State of Incorporation	0/1		6. SIC Code
212-578-4832 DELAWARE		·		5702	
7 Brief Description of the Character AGENT/ BROKER FOR		ed in Rhode Island			
8. NAMES AND ADDRESSES	OF THE OFFIC	CERS: ("X" BOX FOR AT	TTACHMENT) 📋 FILL II	N SPACES BEFORE USIN	G ATTACHMENTS
President Name			Vice President Name		
John F. Bohinski,	Sr.		John T. Thomps	son	
Street Address 485-E US Highway	l South		Street Address One Madison Av		
City	State	Zip	City	State	Zip
Iselin	NJ	08830	New York	NY	10010
Secretary Name			Treasurer Name	**************************	• • • • • • • • • • • • • • • • • • • •
Ira H. Shuman			Anthony J. Wil	.liamson	
Sirect Address One MetLife Plaza	, 27-01 Que	eens Plaza N.	Street Address One MetLife Pl	aza, 27-01 Queen	s Plaza N.
City	State	Zip	City	State	Zip
Long Island City	NY	11101	Long Island Ci	ty NY	11101
9. NAMES AND ADDRESSES	OF THE DIREC	CTORS: ("X" BOX FOR	• –	IN SPACES BEFORE USI	
Director Name			Director Name		
William D. Moore			David M. Acselr	od	
Sinvi Addres 501 Boylston Stre	et		Street Address 501 Boylston St	reet	,
Gin Boston	State MA	Zip 02116	City	State	Zip
	1ra	02116	Boston	MA MA	02116
Joseph W. Jordan			Director Name		
Street Address Harborside Financial (Center, 600 P	laza II	Street Address		
City	State	Zip	City	State	Zip
Jersey City	lиJ	07311			
10. SHARES AUTHORIZED	("X" BOX FOR	ATTACHMENT)	: 11. SHARES ISSUED	("X" BOX FOR ATTACE	I HMENT) □
AUTHORIZED SHARES		, _	ISSUED SHARES		
Number of Shares	ClasySenes	Par Value	Number of Shares	Class/Series	Par Value
					
1,000 COMM \$1.00 PAR VA	LUE		1,000	Common	\$1.00
This report must be	signed in ink hu	cither the President Min	e President, Secretary, Assis	tant Constant Times	Danius - Trus-
and report must be :	agnes in the Dy	entier the Fresident, VIC	e riestoent, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee
1 (8 811-8-11)	(P) 0 0 1 1 1 1 1 1 1 1 1				
			Under penalty of p	erjury. I declare and affirm t	hat I have examined this repor
 	4 0 8 9	_*			tements, and that all statemen
11a1	,		containerhherein	fortue and confect.	
File Date	4		VILLO ON	Hum	02/09 /0
277177	100		Signature of Officer		Date
Check No. DO 40+	400		Ira H. Shu	man	
, (Print or Type Name		
By:	 			טן טןןונגי	
FOR SECRETARY OF ST	ATE USE ONLY		Secretary		
			Title of Officer		

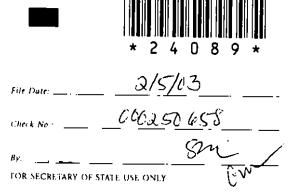
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street: Providence: RI-02903-1335 : 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003



Filing Period: Janua	ry 1-March 1 •	Filling#Feem\$50.00			DI INS
(FORM MUST BE TYPFD OR FRI 1. Corporate ID No. 24089	2. Nume of Carpora	tion ENERAL INSURANCE AG	ENCY. INC.		
3. Street Address Principal Busine One MetLife Plaza,	ess Office		City Long Island City	State NY	Zip 11101
4 Business Phone No. 212-578-4832 7. Brief Description of the Charac	eter of Burning Co. A. o. A.	5 State of Incorporation DELAWARE	•		6. SIC Code 5702
Agent/Broker fo	or Insurance Co	m Rhode Island Mpanies			
8. NAMES AND ADDRI President Name John F. Bohinski		CERS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES B Vice President Name Kimberly D. Brun	EFORE USING ATTA	CHMENTS
Street Address 485-E US Highway	1 South, Suit	ce 370	Street Address 485-E US Hwy. 1	South, Suite	370
City Iselin	State NJ	08830	City Iselin	State NJ	^{Zip} 08830
Secretary Name Ira H. Shuman			Treasurer Name Anthony J. Willi	amson	
Street Address One Madison Aven	ue		Street Address One MetLife Plaza, 2		North
city New York	State NY	7ip 10010	^{City} Long Island City	State	Zip 11101
9. NAMES AND ADDRE Director Nume William D. Moore		CTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES Director Name Joseph W. Jordan	BEFORE USING ATT	ACHMENTS
Street Address 501 Boylston Str	eet		Sixth Floor		600 Plaza 11,
City Boston	State MA	^{Zip} 02116	cay Jersey City	State NJ	7ip 07311
Director Name Elliot Reiter			David M. Acselro	d	
Street Address 501 Route 22			Street Address 501 Boylston Stre		
ny Bridgewater	State NJ	^{7ip} 08807	cny Boston	State MA	Ζιρ 02116
IO. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA		11. SHARES ISSUED ("x" ISSUED SHARES		
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 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



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 Office

Anthony J. Williamson

Print or Type Name of Officer

Treasurer Title of Officer

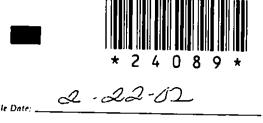
Form 639 12/02

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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. 2. Name of Corporation 24089 METLIFE GENERAL INSURANCE AGENCY, INC. 3. Street Address Principal Business Office State One Madison Avenue, Tax Dept., Area 5H New York NY 10010 4. Business Phone No. 5. State of incorporation 6. SIC Code 212-578-4832 DELAWARE 5702 7. Bilef 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 Vice President Name John F. Bohinski, Sr. Kimberly D. Brunson Street Address Street Address 485-E US Highway 1 South, Suite 370 485-E US Hwy. 1 South, Suite 370 State State Iselin NJ 08830 Iselin 08830 Secretary Name Treasurer Name Ira H. Shuman Anthony J. Williamson Street Address Street Address One Madison Avenue One Madison Avenue City 7.10 New York NY 10010 New York NY 10010 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name William D. Moore Joseph W. Jordan Street Address Street Address 501 Boylston Street One Madison Avenue Cliv State **Boston** MA 02116 New York NY 10010 Director Name Director Name Elliot Reiter David M. Acselrod Street Address Street Address 501 Route 22 501 Boylston Street State Bridgewater NJ 08807 Boston 02116 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 1,000 COMM \$1.00 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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and ments compained bergin are true and correct.

Ira H. Shuman

Print or Type Name of Officer

Secretary

Signature of Officer

Title of Officer

FOR SECRETARY OF STATE USE ONLY



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

(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corpora	tion			~
24089 3. Street Address Principal Business (MetLife	e General Insu	rance Agency, In	IC.	Zip
One Madison Avenu	ie, Tax Dept	., Area 8E	New York	NY	10010
1. Business Phone No.	_	5. State of Incorporation			6. SIC Code
212-578-4832		Delaware			5702
7. Brief Description of the Character					3702
Agent/Broker for	Insurance C	ompanies			-
B. NAMES AND ADDRESS President Name	ES OF THE OFFI	CERS ("X" BOX FOR ATTAC			
Michael R. Irvine			Vice President Name		
Street Address			Anthony M. Sar	dis	
Three Jenifer Lan	e		485-E US Hwy.	1 South, Suite 3	70
City	State	Zip	City	State	Zip
Cos Cob	CT	06807	Iselin	NJ	08830
Secretary Name		•	Treasurer Name	•	
Ira H. Shuman			Janet Morgan		
itreet Address		•	Street Address		
One Madison Avenue	e		Eight Pequa La	ne	
City	State	Zip	. City	State	Zip
New York	NY	10010	Commack	NY	11725
9. NAMES AND ADDRESS Director Name	ES OF THE DIRE	ECTORS (*X* BOX FOR ATT)	ACHMENT) Director Name	•	
Michael R. Irvine			Joseph W. Jorda	n	
Three Jenifer Land	State	Zip	440 East 23rd S	treet	
Cos Cob	СТ	·		State	Zip
Oliector Name	C1	06807	New York Director Name	NY	10010
Richard R. Tartre			Rick Mitchell		
2440 Camino, Suite	2 300		4250 Nottingham	n_:	
My	State	Zip	City	State State	Zip
San Ramon	CA	94583	Danville	CA	94506
0. SHARES AUTHORIZED	("X" BOX FOR ATTA		11. SHARES ISSUED (*X		94300
AUTHORIZED SHARES			ISSUED SHARES		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

1,000

\$1.00

	2/27	
File Date:	121	
Check No.:	2895	
Br:	2	
·	RY OF STATE USE ONLY	

Common

1,000

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

Common

\$1.00

Va II Dun	02/26
Signature of Officer	Date

Ira H. Shuman

Print or Type Name of Officer

Secretary

Title of Officer



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

STOP PILVALETAD INSTRECTIONS

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 New York 10010 4. Business Phone No. 5. State of Incorporation 6. SIC Code 212-578-2625 DELAWARE 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 Leo R. Brown Street Address Street Address One Madison Avenue One Madison Avenue City City New York NY 10010 New York NY 10010 Secretary Name Treasurer Name Ira Shuman Joseph Panetta Street Address Street Address One Madison Avenue One Madison Avenue City State New York NY 10010 New York 10010 9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Lawrence Brewster Eliot Reiter Street Address One Madison Avenue One Madison Avenue

Street Address City State New York NY 10010 New York NY 10010 Director Name Director Name John Thompson Richard Tatre Street Address Street Address One Madison Avenue One Madison Avenue City State New York NY 10010 New York NY 10010 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES CSSUFED SHARES

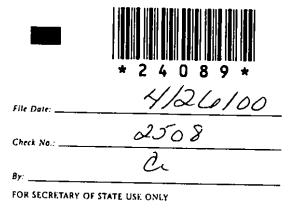
Par Value

\$1.00

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

Number of Shares

1,000



Class/Series

Common

Number of Shares

1,000

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

O2/29/2000

Signature of Officer

Date

Leo R. Brown

Print or Type Name of Officer

Class/Series

Common

Par Value

\$1.00



Assistant Vice-President



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

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

	401-222-3040
<u>1999</u>	STOP PUMPRUM INSTRUCTIONS

	IN BLACK)				
I. Corporate ID No.	2. Name of Corpora		• - .		
24089	METLIFE GI	ENERAL INSURANCE	AGENCY, INC.		
3. Street Address Principal B	usiness Office		Clry	State	Zip
ONE MAD 4. Business Phone No.	NISON AYENU	E. State of Incorporation	HEW YORK	NY	10010
	18-2625	DELAWARE			6. SIC Code 5702
	haracter of Business Conducted in				3.02
AGENT /B	ROMBR FOR	INSURPLE	COMPANIES		
8. NAMES AND ADI	DRESSES OF THE OFFI	CERS ("X" BOX FOR ATTACH		SEFORE USING ATTACH	IMENTS -
LONH NA	TULMALL		ROOT.	7/20WH	
ONE MAL	0150 N AVE.	710	1 MADISON	AYE.	
NEW YOR		10010	. HEW YORK	State // /	ZIP 10010
,	IUMAN		Treasurer Name	PANETTA	
	_		Street Address		
1 MADISO	N ALL.		1 MADISON	AVENUE	
City	State	Zip	/ MADISON	AYBNUE	Zip
City NEW YOR NAMES AND ADI	State	Zip / O O / O CTORS (*X* BOX FOR ATTAC	City NIS WYO 21 CHMENT) FILL IN SPACES	State	Zip 10010 CHMENTS
Oity NEW YOR NAMES AND ADI Director Name LAWREN	State ZK PRESSES OF THE DIRE	/ O O / O CTORS (*X* BOX FOR ATTAC	City NIS W YORK CHMENT) FILL IN SPACES Director Name ELIOT REI	State State SEFORE USING ATTAC	10010
Oity MEW YON 9. NAMES AND ADI Director Name LAWREN Street Address	State ZK PRESSES OF THE DIRE	10010 CTORS (*X* BOX FOR ATTAC	City NIS W YORK CHMENT) FILL IN SPACES Director Name ELIOT REI Street Address / MAD 150	State WY BEFORE USING ATTAC	10010 CHMENTS
Oity NEW YON NAMES AND ADD Director Name LAWREN Street Address ONE MAD	State ZK NY DRESSES OF THE DIRE EE BREWST USON AVE. State	/ O O / O CTORS (*X* BOX FOR ATTAC	City NIS W YORK CHMENT) FILL IN SPACES Director Name ELIOT REI Street Address City NEW YORK	State State State State	10010
ONE MADE OTHER STREET AND ADE OTHER STREET ADDRESS ONE MAD OTHER STREET ADDRESS OTH	State ZK NY DRESSES OF THE DIRE E B B STATE State NY	10010 CTORS (*X* BOX FOR ATTAC E/C Zip	City NIS W YORK CHMENT) FILL IN SPACES Director Name ELIOT REI Street Address I MAD 150 City NEW YORK Director Name	State State State State	10010 CHMENTS
Olty NEW YON 9. NAMES AND ADE Director Name LAWREN Street Address ONE MAD City NEW YOR Director Name LONN TA	State ZK NY DRESSES OF THE DIRE EE BREWST USON AVE. State NY MOMPSON	10010 CTORS (*X* BOX FOR ATTAC E/C Zip	City NIS W YORK CHMENT) FILL IN SPACES Director Name ELIOT REI Street Address IMADISON Street Address I MADISON	State K K K K K K K K K K K K K	10010 CHMENTS 21p 10010
Olty NEW YON 9. NAMES AND ADE Director Name LAWREN Street Address ONE MAD City NEW YOR Director Name LONN TA	State ZK NY DRESSES OF THE DIRE SISON AVE. State NY NOMPSON State State State	10010 CTORS (*X* BOX FOR ATTAI E/C Zip 10010	City NIS W YORK CHMENT) FILL IN SPACES Director Name ELIOT REI Street Address City NEW YORK Director Name RICHARD Street Address (MADOIS ON City	State K K K K K K K K K K K K K	10010 CHMENTS 21p 10010
Olty 9. NAMES AND ADE Director Name LAWREN Street Address ONE MAD City NEW YOR Director Name LONN Street Address ONE MAD ONE ONE ONE ONE ONE ONE ONE ON	State ZK NY DRESSES OF THE DIRE SISON AVE. State NY NOMPSON State State State	CTORS ("X" BOX FOR ATTAC E/C Zip / OP/O Zip / OO/O	City NIS W YORK CHMENT) FILL IN SPACES Director Name ELIOT REI Street Address IMADISON Street Address I MADISON	State K K K K K K K K K K K K K	10010 CHMENTS 21p 10010
Oity 9. NAMES AND ADE Director Name LAWREN Street Address ONE MAD City NEW YOR Street Address ONNE TA Director Name LONN TA Street Address ONNE TA City NEW YOR City NEW YOR City NEW YOR City NEW YOR	State ZK NY DRESSES OF THE DIRE EE BREWST USON AVE. State VY VOMPSON State State NY	CTORS ("X" BOX FOR ATTAC E/C Zip / OP/O Zip / OO/O	City NIS W YORK CHMENT) FILL IN SPACES Director Name ELIOT REI Street Address / MAD 150, City NEW YORK Director Name RICHARD D Street Address / MAD 150 W City NEW YORK 11. SHARES ISSUED (*X**)	State K K K K K K K K K K K K K	10010 CHMENTS 21p 10010

	* 2 4 C 8 9 *
File Date:	May 199
Check No.:	1116
Ву-	JO
FOR SECRETAR	Y 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.

_ the R Brown	2/23
Signature of Officer	Date

LLO R. BROWN Print or Type Name of Officer

DEST YICE PRESIDENT



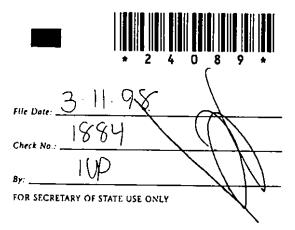
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PHASH READ INVIRECTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. **24089** 2. Name of Cosposation
METLIFE GENERAL INSURANCE AGENCY, INC. 3. Street Address Principal Business Office New York One Madison Avenue Area 8EF 10010 4. Business Phone No. 6. SIC Cade **5702** (212)578 - 6494 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)
Vict Fresident Name John Mulhall Leo. R. Brown Street Address One Madison Ave Madison Ave. 10010 10010 Secretary Name Joseph Panetta Ira Shuman Street Address One Madison Ave)ne Madison 10010 10010 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Lawrence Brewster Elliot Reiter Street Address One Madison One Madison 10010 Director Nam Director Name Mulhall John Madison Ave Madison Ore: 10010 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 1,000 1,000 Common \$1.00 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.

Signature of Officer
Leo R. Brown
Date

rint or Type Name of Officer

Asst Vice - President



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

PROFIT CORPORATION ANNUAL REPORT 1997

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

NEW YORK

ZIP 10010

6. SIC Code

212-578-6494

DELAWARE

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

IRA H. SHUMAN

MANDEVILLE

BROADWAY, APT. 6D

JOSEPH M. PANETTA

ANTHONY C. SALCRNO

GREGORY J. DUBY

11542

ANTHONY E. AMODED

VINCENT J. DONNELLY

941 RAST 20TH STRRET

% ABEMARLE ROAD

122 HUNTINGTUN ROAD

PORT WASHINGTON

11050

MICHARL LEVINE

PRIVIDENCE DRIVE

USSSO

10010 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZZED SHARES

1,000

Number of Shares

Class/Series

ESSUED SHARES Number of Shares

Class/Series

1,000

SCARSDAUE

\$ 1.00

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



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.BRUWN



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

CORPORATE ID NO.	, 2. NAME OF CORPORATION	PLEASE TYPE OR PR	INT IN BLACK INK.		
•	1				
24089 Street address principal business of A	d METLIFE	GENERAL INSURA	NCE AGENCY, INC.	SIATE	
	N AVENUE	- AREA 8FG	NEW YORK	NY	10010
(212) 578-6	494	DELAWARE		, , , ,	5702
RESOLUTION OF THE CHARACTER OF 8 AGENT/BROKE TO	_	ANCE COMPAN	I(ES		
STOENT NAME		ES AND ADDRE	S S E S O F T H E O F F		· · · · · · · · · · · · · · · · · · ·
RICHARD R.	ARONSON		ANTHONY C.	SALERNO	
266 EVANGEL	INE DRIVE		STREET ADDRESS BRUADU	uAY	
TANDEVILLE	STATE	70448	NEW YORK	STATE	10003
TRA H. SHUI EET ADDRESS	MAN		TREASURER NAME TOSEPH M. T	PANETTA	
436 ALBEMA	RLE ROAD	ZIP COOK	STREET ADDRESS 22 SHERMAN		
CEDARHURST	NY	11516	GLEN COVE	STATE	11542
ECTOR HAME	AMODEO	ES AND ADDRE	SSES OF THE DIR		
ANTHONY E. /	-		STREET ADDRESS	. DOBY	
122 HUNTING			1 27 PROVIDENCE	DRIVE	
BRT WASHING TON	STATE	11050	TRINCETON JUNCTI	ON NJ	08550
INCENT J. DO	NNELLY		MICHAEL LEV	ηNΕ	
441 EAST 20		7 200006	54 WALWORT		
NEW YORK	NY	10010	SCARSDALE	STATE V	10583
	1 0 . S H A AUTHORIZED SHARES	RES AUTHORIZ	ED AND ISSUED	ISSUED SHARES	
MUMBER OF SHARES	CLASS / SERTES	PAR VALUE	HUMBER OF SHARES	CLASS / SERIES	PAR VALLE
1,000	COMMON	\$1.00	1,000	COMMON	\$1.00
· ————————————————————————————————————					
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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.

Signature of Officer

Print or Type Name of Officer

Check No: 000000950

File Date:

By:

SECRETARY
Title of Officer

5/22/96_

For Secretary of State Use Only

5/28/96

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

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 FU	LL OR THE	FORM WILL BE RE		•
Corporate ID:		•	Annual Report for the ve	1995	
	METLIFE GENER	AL INSURA	ANCE AGENCY, I	N17	
Name of Corporation:					
Business entity organized under the	laws of the State of: _DELA	WARE	Business Entity is (che	eck one):	
For foreign entity, address and telep	hone number of principal offi	ice:	[X] Business Corpor	ation (See RIGL Chapter 7	-1.1)
ONE MADISON A	KENUE <u>-</u> AREA	_BFG	[] Professional Ser	vice Corporation (See RIGI	L Chapter 7-5.1)
NEW YORK , NY	10010				
Phone: (212) 578 - 649	4		Brief statement of the	character of business cond	ucted in Rhode Island:
Address and telephone of the princi	•	Rhode	\indexia1-\-\-\in	Over For Mar	LRANCE_COMPANIES
Island (Provide street address - Not					
CTCORPORATIO	N SYSTEM!				
123_DYER_STREE					
TROVIDENCET	3 <u>5_02903</u>				
Phone: ()					
	THE N	NAMES OF TH	IE OFFICERS ARE:		·
PRESIDENT		STREET ADD	RESS	CITY/STATE	ZJP CODE
RICHARD R. ARONSON VICE PRESIDENT	266 E	VANGELINE STREET ADD	DRIVE, MANDEVIL	LE LA	70448 ZIP CODE
ANTHONY C. SALER	_	BROADWAY STREET ADD			1000 3 ZIP CODE
IRA H. SHUMAN			E ROAD, CEDAR		11516 7JP CODE
· · — · · · · · · · · ·					7JP CODE
JOSEPH M. PANETTA	·	HERMAN T	ROAD, GLEN (DVE NY	11542
NAME	THE N	AMES OF THE STREET ADD	E DIRECTORS ARE:	/	
ANTHONY E. AMOD	EO 121 11		_	CITY/STATE	ZIP CODE
ANTHONY E. AMOD	EO (LL H	STREET ADD	N ROAD, PORT	CITYSTATE	NY 11050
CREGORY J. DOBY			_		. —
NAME			DRIVE, PRINCET		121 COD1
VINCENT J. DONA	ielcy 441	EAST 20	STREET , N	EW YORK , N'	10010
NUMBER OF SHARES AUTHORIZE	ED (Rider may be attached)		· ·	UED AND OUTSTANDING	(Rider may be attached)
Number of Shares C	lass / Series		Number of Shares	Class / Series	FILED
1000	COMMON		1 000	0. 1. 1	MAR 0 1 1995
	201111014		1,000	COMMON	
				E	By CP#30-1118
	7 0 =		POP		·
Date FEBRUARY 2	1 19 95	Ву:	W T. Brown		·
		PRINT OR TV	LEO R. BROWN		 _
Form 31 1/95			ASST VICE - TOPR	ESIDENT	

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.

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

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

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

Corporate ID: 0024089	·	Annual Report for the	vear:1994	
Name of Business Entity:	· - 		ERAL INSURANCE A	GENCY, INC.
Business entity organized under the lews of the State of Federal Taxpayer Identification Number For foreign entity, address and telephone number of princ One Madison Avenue - Area 23VW New York, NY 10010 Phone 4 2121 578-6494 Address and telephone of the principal office of business Island (Provide street address - Not P.O. Box) CT. Corporation, System 123 Dyer Street. Providence, RT 02903	entity in Rhode	[] Profess [] Limite Name, title and male communications made some steven J. B. One madison Area 23VW New York, N. Brief statement of Agent./Broke	ss Corporation (See RIGL Chap- tional Service Corporation (See I Liability Company (See RIGL thing address of contact person to asy be directed rash, Assistant Vic Avenue Y 10010 he character of business conduct r for Insurance Com	RIGL Chapter 7.5.1) 7-16) o whom e=President
·· ··				<u>.</u>
William L. Gorgans Guise operating officer on Service president connection Anthony C. Salerno Cultification of feedback Service president connection Thomas C. Hoi Cultification of the connection of the address of the connection of the connecti	One Madison A	venue, New Yo	CITY STATE	20 CODE
Anthony E. Amodeo	HE NAMES OF THE		CITY/STATE	
Gregory J. Doby	STREET AD	DRESS	CITYSTATE CITYSTATE	ZIP CODE 11
Vincent J. Donnelly		11 11		
NUMBER OF SHARES AUTHORIZED (If Applicable NUMBER 1,000) CLASS Common SERIES N/A PAR VALUE OR \$1.00 WITHOUT PAR	- ·-··	NUMBER OF SHARI NUMBER CLASS SERIES PAR VALUE OR WITHOUT PAR	1,000 Common N/A \$1.00	ING (If Applicable)
Date March 1994	Sto Pristori As: Title of o	even J. Brash TENAMI OF OPERICA SIGNING SISTANT VICE-Pro FORCERSIGN NG		

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



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

SECOND: It is incorp	anatad and and a c	D	claware			••••••		
	orated under the laws of	• • • • • • • • • • •	************	for Inc				······································
THIRD: Character of	business, briefly stated, is	ngen.		for Ins	ouran	ce Cor	npanı	es
FOURTH: If foreign c	orporation, address of its prin	ainal .		ne Madis	on A	venue		ea 23VW
	orporation, address or its prin	cipar	JIIICC	••••••••••••••			• • • • • • •	
FIFTH: Business addr	ess in Rhode Island CT C	orpor	ation S	Systom				
			• • • • • • • • • • • • • • • • •					and 02903
SIXTH: Names and a	ddresses of its directors and of							
Name	Office	nicers.		Address (includi	ng numb			rider if necessary)
eorge Trotta	Director	One	Madison	Avenue,	New	York,	ΝY	10010
illiam D. Moore	Director	tı	J†			††	11	11
ichard N. Maurer	Director			†1	11	11	f1	11
ichard R. Aronson	President	***	11	н	11	11	ŧŧ	11
ohn T. Thompson	Vice President	11	11	11	f1	11	11	ff ff
homae C. Nos	Secretary	11	Jł	11	f†	11	11	H
noonh M. Donatha	Treasurer	11	rı	pt	f1	11	11	£†
SEVENTH: Number of	Shares authorized:						Par Va	lue
No. of Shares	Class		Series			_	stateme res are s par val	without
1,000	Common		N/A				\$1.00	
_								
EIGHTH: Number of S	Shares issued:			. FE(3 3 5	1303	Par Va stateme	lue nt that
No. of Shares	Class		Series	CECRE	Taby o	sha Fototi	res are v par val	
1,000	Common		N/A			,	\$1.00	
ed February 19	19 93 Met					gency		

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

INC

State of Rhode Island and Providence Plantations Corporations division 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	<u> </u>		Annuai	Report for	r the yo	car		
FIRST: The name of the	corporation is		METLI	EEGEM	ESAL	.INSL	JRANC	EAGENC
SECOND: It is incorporate	ted under the laws of	Γ	elawar	······································				
THIRD: Character of bus	siness, briefly stated, is	Agent/	Broker	for Ins	uranc	е Сол	panie	?S
FOURTH: If foreign corp	oration, address of its	principal o	ffice	ne Madis	on Av	enue	- Are	a 23VW
	Om			ew York,	New Y	York	1001	0
FIFTH: Business address	in Rhode IslandCT	Gorporat 3. Dyer St						d 02903
SIXTH: Names and address		•		Address (includi	• • • • • • • • • • • •	(/	Attach ri	der if necessar
Vincent J. Donnelly	Director	One M		Avenue,				10010
Bruce J. Goodman	Director	!!	††		"	11	Ħ	11
Richard N. Maurer	Director	11	11	11	11	11	†1	t1
Richard R. Aronson	President	11	11	† 1	11	11	11	t†
John Thompson	Vice Presi	dent	11	f †	†1	f†	11	ff .
Thomas C. Hoi	2	t t	11	11	11	11	11	11
Joseph M. Panetta	Treasurer	1 †	11	†I	II	11	11	fē
SEVENTH: Number of Sh	ares authorized:						Par Val	
No. of Shares	Class		Series		1992	sh	r statemen ares are w par valu	ithout
1,000	Common	Rec'd 8	Filed	FEB 1	¥ 120-		\$1.00	
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No. of Shares	Class		Series				ares are w par valu	ithout
1,000	Common		N/A				\$1.00	
Dated February 12	19 .92	MetLife (Name of Corp		l Insura	nce Ag	gency	, INc	•
(Report must be signed	by an officer)	•	ven J.	Brash,	Asst.	Vice	-Pres	ident

MetLife General Insurance Agency, Inc.

EIN: 13-3179826

OFFICERS

00 = HOO ON HOO	SS # 101-30-0410	Joseph M. Panetta Treasurer	1	2-7042		Wo.	SS # 092-42-5027	ph A. Reali Asst.		12-0418	Steven J. Brash Asst. \	SS # 5/0-40-9693	chael F. Toomey	SS # 434-84-9963	Thompson		B-0726	C. Salerno	SS # 472-30-5178 Operating	" IT ST TOUSON P	3 100000	SS # 420-38-0842 Board	William L. Goggans Chairman	Name Title
rer	rer		α+ <i>λ</i>	4 + 7	עדע			Vice-President			Vice-President		Vice-President		Vice-President			Vice-President	ting Officer				an of the	
2	6] 0 NV 11540	22 Sherman Road	2	East Brunswick, NJ 08816	erokee Road	2	Morganville, NJ 07751	ree Road	•	York, NY	332 East 84th Street	Manderville, LA 70448	20 Loblolly Court	=	3725 Corrine Avenue	*****	New York NV 10003	808 Broadway	Mandeville, LA 70448			Kenner, LA 70065	162 Chateau Latour Drive	Address
		2/19/88			2/19/88			5/6/85			2/19/88		9/19/91	•	9/19/91		t/ t+/ 00	2/21/86		3/1/90			5/1/91	Date of Appointment

MetLife General Insurance Agency, Inc.

EIN: 13-3179826

DIRECTORS

Vincent J. Donnelly SS # 110-26-4860 Bruce J. Goodman SS # 083-34-7809 Richard N. Maurer SS # 083-34-7809 George B. Trotta SS # 547-32-7506 William Moore SS # 298-48-4196	East 20th York, NY Shrewsbury ingston, NJ Crest Drive nston, RI East 20th s York, NY O Charlemagn	Date of Appointment 5/6/88 5/6/88 5/1/91 5/1/91
10-26 33-34 33-34	W C 5	5/1
B.	East 20th York, NY	9/1,
liam Moore # 298-48-4196	arlemagne Driv Estates, IL	5/1,
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

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID0024089	.,		Annual	Report fo	or the	year	15	31
First: The name of the	MetLif corporation is	e Gen	eral ln	surance 	Agen	cy, In	с.	•
			laware	•••••	••••••	· · · · · · · · · · · · · · · · · · ·		.,
SECOND: It is incorporat	ed under the laws of	•••••	• • • • • • • • • • • • • • • • • • • •	•••••				
THIRD: Character of bus	iness, briefly stated, is	Agen	t/Broke	r for In	sura	nce Co	mpan	ies
FOURTH: If foreign corpo	oration, address of its pri	ncipal (office On	e Madisc	n Av	enue -	Are	a 23VW
New York, New York								•
FIFTH: Business address				- System	********	·••••••••	••••••	***********************
123 Dyer Street, Provide			•••••••	· • • • • • • • • • • • • • • • • • • •	•••••••	•••••••	••••••••••••••••••••••••••••••••••••••	********************
Sixth: Names and addre	esses of its directors and o	officers:	•••••••••••••	••••••••••••••	*********	(<i>A</i>	ıttach	rider if necessary
Name	Office			Address (inclu		ber, street,	zip code)
Vincent J. Donnelly		One :	Madison	Avenue,	• • • • • • • • • • • •	***********	NY	10010
Bruce J. Goodman	Director	11		11	††	*1		
Charles M. Kavitsky	Director	11	11	11	11	11	11	71
Richard R. Aronson		11	††	11	11	+1	11	ft
Anthony C. Salerno		t		11	11	*1	11	f1
Thomas C. Hoi		##	11	11	11	71	11	††
Joseph M. Panetta	Treasurer	11	11	'n	11	††	11	†f
SEVENTH: Number of Sha	ares authorized:						Par Va	
No. of Shares	Class		Series				Stateme ires are per va	without
1,000	Common	'C	N/A				\$1.0	
Eіднтн: Number of Shar	Class Common Class Class Common	1.65	BI					
•	cs issued.	o Tak	ર્જ [ા]			· ·	Par Va stateme tres are	nt that
No of Shares	Class	34 · 5	Series			2	par va	lue
1,000	Common		N/A				\$1.0)()
Dated February 14	19 ⁹¹	tLife	General	Insura	nce A	igency.	, Inc	· .
/		ine p(Cor	poration)	1 l	Q	**********	****	••••••••••
/	Ву	<i>∠\</i> i	<u> </u>	7.15	~0 <u>~</u> }^	<u> </u>	· • • • • • • • • • • • • • • • • • • •	******************
(Report must be signed b	y an officer) Tit	le ^{Ste}	ven J. Bi	rash, Assi	stant.	Vice-Pr	eside	nt

MetLife General Insurance Agency, Inc.

EIN: 13-3179826

DIRECTORS

Name	Address
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 La ne 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>	Title	Address						
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 1 00 03						
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 02903

orporate ID	024089	Annual Report	t for the year.	1989	
FIRST: The name	e of the corporation is	METLIFE GENERA	AL INSURĀ	NCE AGENCY,	INC
Second: It is inc	corporated under the laws of	Delaware.	••••••		•••••
THIRD: Characte	er of business, briefly stated, is	Agent Broken	· For M	Swan Ca	
Companies	·······		************************		
FOURTH: If forei	gn corporation, address of its p	orincipal office One	Madis	on.	*********
	New York, NY		•••••••••		********
FIFTH: Business	address in Rhode Island	IT Corporation	n,123	3	
	t Providence				
	nd addresses of its directors and	•		(Attach rider if nec	essarv)
Name	Office	Address (in	ocluding number, str	•	,
2 1	Director		•••••••	•••••••••••••	• • • • • • • • • • • • • • • • • • •
See AMACHI	E Director		·····		••••••
LISTING	Director		••••••••••	•••••••••••	
•••••••••••••••••••••••••••••••••••••••	President		·····		
······································	Vice Presid	ent	•••••••••	••••••••••••	
	Secretary		••••••		• • • • • • • • • • • • • • • • • • • •
•••••••••••••••••••••••••••••••••••••••	Treasurer			•••••	
SEVENTH: Numb	er of Shares authorized:			Par Value	
No. of Shares	Class	Series		or statement that shares are without par value	
1,000	Commoni			\$ 1.00	
		Series SECTION)		
EIGHTH: Number	r of Shares issued:	$^{\prime}$ $_{\mathcal{G}}$ $_{\mathcal{G}_{\mathrm{M}}}$	1.43.9	Par Value or statement that	
No of Shares	Class	Series	ie state	shares are without par value	
1,000	COMMON	SEG. A.	-	\$ 1.00°	
- Fobruary	33 10 90°	Methife Ge	NIERAI JA	EMERANCE AS	LAK € V
ted	<u> 23 19 90 </u>	(Name of Corporation)	γ		(
		By STEVENT	مرار دورون	•••••	
(Report must b	be signed by an officer)	Title ASSISTANT		esi Dent	

DIRECTORS AND OFFICERS LISTING

Page 1 02/14/90

COMPANY: METLIFE GENERAL INSURANCE AGENCY, INC.

ROLE: DIRECTOR

Name

Title

TICLE PORCES

DONNELLY, VINCENT J. GOODMAN, BRUCE J. GOODMAN, BRUCE J.
KAVITSKY, CHARLES M. CHAIRMAN OF THE BOARD TROTTA, GEORGE B. WHITE, STEPHEN E.

marindrase

ONE MADISM ACE NY NY 16210

DIRECTORS AND OFFICERS LISTING

Page 2 02/14/90

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

Name

Title

BRASH, STEVEN J. HOI, THOMAS C. KAVITSKY, CHARLES M. ORTON, WILLIAM A. PANETTA, JOSEPH M. REALI, JOSEPH A. SALERNO, ANTHONY C. TIMPANO, BARBARA C.

ASSISTANT VICE PRESIDENT SECRETARY CHAIRMAN OF THE BOARD PRESIDENT AND CHIEF OPERATING OFFICER TREASURER ASSISTANT VICE-PRESIDENT VICE-PRESIDENT CONTROLLER

* ALL LUCATED AT ONE MADISON AVENUE NEWYORK, NY 10010

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 2408°	1	Annual Repor	t for the year	1989
FIRST: The name of	the corporation is Meth.Se.	General In	SULGALE.	Agency Inc
Second: It is incorp	orated under the laws of Dc	laware	······································	
^	business, briefly stated, is A.			SULANCE
1	orporation, address of its princ			Λα
•	New York			
FIFTH: Business addr	ess in Rhode Island CT	Corporation	1,123 D	yer Street,
	Rhode Island			•
SIXTH: Names and a	ddresses of its directors and off		including number, stree	(Attach rider if necessary)
	Director		••••••	
See Attachec	Director			
Listings	Director		· · · · · · · · · · · · · · · · · · ·	
2	President		·····	
	Vice President		••••	
	Secretary		••••••	
	Treasurer	•••••	•••••••••	•••••
SEVENTH: Number o	f Shares authorized:			Par Value or statement that shares are without
No. of Shares	Class Common	Series	n	par value
•	Sommer.	- PAI	. naky	∞ 1.00
EIGHTH: Number of	Shares issued:	Series - PAI FEB 1 Series = C'Y	OF STATE	Par Value or statement that
No of Shares	Class	Series 50'	~	shares are without par value
1,000	Common	-		B1.00
Dated February 10) 19.89. M	let Life General Adopt Corporation) Leven Leven	I Insura	nce Agency, I
(Report must be sig	gned by an officer) Title	shown DB.	rish Vico - Pre	sident

METLIFE GENERAL INSURANCE AGENCY , INC.

E.I.D. #13-3179826

EXECUTIVE DFFICERS

TITLE	NAME 	RESIDENCE
CHAIRMAN OF THE BOARD	HAROLD G. LEFF	ONE MADISON AVENUE
CHIEF EXECUTIVE OFFICER		NEW YORK, NEW YORK 10016
CHIEF OPERATING OFFICER	WILLIAM N. ORTON	ONE MADISON AVENUE
PRESIDENT		NEW YORK, NEW YORK 10010
		•
VICE-PRESIDENT	ANTHONY C. SALERNO	ONE MADISON AVENUE
		NEW YORK, NEW YORK 10010
ASSISTANT	JOSEPH A. REALI	ONE MADISON AVENUE
VICE-PRESIDENT		NEW YORK, NEW YORK 10010
ASSISTANT	CICUCN 1 DOACH	OUE MARIEN AUGUS
VICE-PRESIDENT	STEVEN J. BRASH	ONE MADISON AVENUE
ALDE AMERICAL		NEW YORK, NEW YORK 10010
SECPETARY	THOMAS C. HOI	ONE MADISON AVENUE
		NEW YORK, NEW YORK 10010
CONTROLLER	BARBARA C. TIMPANO	ONE MADISON AVENUE
	Supplied of 1214 Hill	NEW YORK, NEW YORK 10010
		HER CRIME HER LINE TANTO
TREASURER	JOSEPH M. PANETTA	ONE MADISON AVENUE
		NEW YORK, HEN YORK 10010

METLIFE SENERAL INSURANCE AGENCY, INC

E.1.9. #13-3179826

BOARD OF DIRECTORS

NAME	RESIDENCE
SECRGE B. IROTTA	ONE MADISON AVENUE NEW YORK, NY 10010
HAROLD B. LEFF	ONE MADISON AVENUE HEM 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. DOMNELLY	ONE MADISON AVENUE NEW YORK, NY 10010

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID. 24089	***************************************	Annual Report for the year			
FIRST: The name of the	corporation is	METLIFE GENERAL INSURANCE AGENCY.			
NC.			,		
SECOND: It is incorpora	ited under the laws of	Delaware	••••••		
THIRD: Character of bu	siness, briefly stated, is	Agent/Broker for insurance	companies		
FOURTH: If foreign corp	poration, address of its princi	pal officeOne Madison Avenur,			
New York, NY 10010		······································			
FIFTH: Business address	in Rhode Island CT. Corpor	etion,123 Dyer Street, Providenc	e, R1 02903		
SIXTH: Names and addi	resses of its directors and offic	CETS: (Attach ric Address (including number, street, zip code)	der if necessary)		
Richard N. Maurer	Director	One Madison Ave., NY,NY 10	010		
Bruce J. Goodman	Director	One Madison Ave., NY,NY 10	010		
Harold B. Leff	Director	One Madison Ave., NY,NY 10	010		
Vincent J. Donnelly	President	One Madison Ave., NY,NY 10	010		
Anthony C. Selerno	Vice President Assistant-	One Madison Ave,. NY,NY 1	0010		
Thomas C. Hoi		One Madison Ave., NY,NY 10	010		
Joseph M. Panetta Joseph A. Reali SEVENTH: Number of S	Treasurer	One Madison Ave., NY, NY 10 dent One Madison Ave., NY, NY 1 Par Valu or statement	0010 e		
No. of Shares 1,000	Class Common	Series shares are wing par value \$1.00			
Eighth: Number of Sha	ares issued:	Par Value or statement			
No. of Shares 1,000	Class Common	Series 988 or statement shares are with par values of STATEL.00	thout		
Dated February 3 4		Methife General Insurance Agence Of Corporation	у		
(Report must be signed	<u> </u>	Assistant Vice-President			
form 31 1785					

CORPORATIONS DIVISION 270 WESTMINSTER MAIL						
Corporate ID	24090 /	PROVIDENCE, RHC			ne year 1987	
	The name of the corporation	on is MetLi		•	•	
				•••••		
SECOND:	It is incorporated under	the laws of	Delaware			
THIRD: (Character of business, brie	fly stated, isAs	gent/Broker	for insura	nce companies	
Fourth:		ddress of its prin	cipal office ^O	ne Madison	Avenue, New York, NY	•••
	Business address in Rhode	Island CT Con	rporation, 1	23 Dyer St	reet, Providence,	••
Sixth: N	Names and addresses of its	directors and o		Address (including r	(Attach rider if necessar	y
Charles E. I	Lavezzoli	Director	One Madisor	n Avenue, 1	New York, NY 10010	••
Bruce J. Goo	odman	Director	One Madisor	n Avenue, 1	New York, NY 10010	••
Harold B. Le	eff	Director	One Madisor	n Avenue. N	New York, NY 10010	••
Richard N. N	laurer	President	One Madisor	Avenue. N	New York, NY 10010	
Anthony C. S	***************************************			n.Avenue)	New York. NY 10010	٠.
Barry A. Col	Treasi ien	irer, Vice-Presi Secretary	dent & One Madisor	a.Avenue)	New York, NY 10010	
Joseph M. Pa	inetta	Assistant Treasurer	One Madisor	n Avenue, N	New York, NY 10010	٠.
Kenneth G. I SEVENTH:	ennon Assistant Number of Shares autho	Vice—President orized:	One Madisor	n Avenue, N	New York, NY 10010 Par Value or statement that	
No. of Share	S Class		Series		shares are without par value	
1,000	Common		-		\$1.00	
Еібнтн:	Number of Shares issued:	PA	dD.		Par Value or statoment that shares at Alfahory	•
No. of Share		a oy.	左射}}/ Series		par value 2	Y
1,000	Common		-		\$1.00	

SEC'Y OF STATE

.... **19** .87.... MetLife General Insurance Agency, Inc.

(Report must be signed by an officer)

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				
			ETLIFE GENERAL INSURANCE AGENCY, INC.				
NC.		******************	•••••				
SECOND: It is inc	orporated under the	laws of	Delaware	••••••••••••••••••••••••			
THIRD: Character	r of business, briefly	stated, is A	gent/Broker for	insurance c	ompanies		
			······	•••••	······		
FOURTH: If foreig					e, New York,		
FIFTH: Business a	ddress in Rhode Isla						
Providence,	RHode Island	02903	•••••••••••••••••••••••••••••••••••••••	••••	•••••		
SIXTH: Names an	d addresses of its dir	rectors and o		ess (including number, st	(Attach rider if necessary)		
George B. Trotta	D	irector	One Madison	Avenue, New	York, NY 10010		
Francis P. Lynch	D	irector	One Madison	Avenue, New	York. NY 10010		
Samuel F. Fortuna	to D	rector	One Madison	Avenue, New	York, NY 10010		
Charles E. Lavezz	oli D	irect.or & resident	One Madison	Avenue, New	York, NY 10010		
Vincent J. Donnel	1 y V	ice President	One Madison	Avenue, New	York, NY 10010		
Richard N. Maurer				Avenue, New	York, NY 10010		
Herbert Orenshein		President & reasurer			York, NY 10010		
SEVENTH: Numbe	r of Shares authorize	ed:			Par Value		
No. of Shares	Class		Series		or statement that shares are without par value		
1,000	Common		-	1006	\$1.00		
Eіднтн: Number	of Shares issued:		08/26/96	328 1980	Par Value or statement that		
No. of Shares	Class		දර ලා Seri es	NA	shares are without par value		
1,000	Common		70 <u>-</u>		\$1.00		
Dated February	13 19 86	Me (Nar By	etLife General me of Compration) X	Insurance Age	ency, Inc.		
(Report must be	signed by an officer)	Title	Assistant Vi	ce-President			
Form 31 1/85			* 35 \$1.44				

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 1985
First:	The name of the cor	poration is METT	LIFE GENERAL INSURANCE A	
SECOND	: It is incorporated	under the laws of	Delaware	
THIRD:	Character of busines	ss, briefly stated, is	Agent/Broker for Insur	ance Companies
Fourth	: If foreign corporat		principal officeCae Medison	a Avenue, New York,
Г ІРТИ:	Business address in F	thode Island C.T	. Corporation]ll Westmi	inster Street,
	ence, RI 02903	***************************************		
Ѕіхтн:	Names and addresses	of its directors an		(Attach rider if necessary)
George B,	Trotta	Director	1 Madison Avenue, Ne	w York, NY 10010
Francis P	. Lynch	Director	1 Madison Avenue, Ne	w York, NY 10010
Samuel F.	Fortunato	Director	l Madison Avenue, Ne	w York, NY 10010
Charles E	, Lavezzoli	DirectorPresident		
Vincent J	. Donnelly	Vice Presid	lent 1 Madison Avenue, Ne	
Samuel J.	Foti			***************************************
Joseph M,	_	& Treasurer	rer 1 Madison Avenue, Ne	
Seventh	: Number of Shares		*************************************	Par Value
No. of Sha		Class	•	or statement that shares are without
1,000		ommon	Series _	par value \$1.00
				42. 00
Еіснтн:	Number of Shares is	ssued:		Par Value or statement that
No of Sha	res	Cless	Series	shares are without par value
1,000	С	ошшол	-	\$1.00
Dated Febru	BCF WAK.	. 19 85 19 85	MetLife General Insuran (Name of Corporation) By Vincent J. Dornelly	ce Agency, Inc.
(Re	port must be signed by an	officer)	Title Vice-President	· · · · · · · · · · · · · · · · · · ·