No. <b>C 155213</b>		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  METLIFE INVESTORS DISTRIBUTION COMPANY DIVYA NARAYANAN 13045 TESSON FERRY RD.		2. Registered Agent and Address (NO PO BOX)  C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
1. Corporations: Enter	r Names and Busine	ess Addresses of Preside	ent, Secretary, and Directors. Treasurer (	optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY	TYLA L. REY	NOLDS	600 NORTH KING STREET	WILMINGTON	DE	USA	19801
TREASURER	MARLENE B.	DEBEL	1095 AVENUE OF THE AMERICAS	<b>NEW YORK</b>	NY	USA	10036-6796
DIRECTOR	PAUL A. LAF	PIANA	11225 NORTH COMMUNITY HOUSE RO	CHARLOTTE	NC	USA	28277
DIRECTOR	ELIZABETH N	4. FORGET	11225 NORTH COMMUNITY HOUSE RO	CHARLOTTE	NC	USA	28277
DIRECTOR	GERARD JOS	SEPH NIGRO	1 METLIFE PLAZA 27-01 QUEENS PLAZ NORTH		NY	USA	11101
PRESIDENT MYLES J. LAMBERT		1 METLIFE PLAZA 27-01 QUEENS PLAZ NORTH	ALONG ISLAND	NY	USA	11101	
5. Organized Under the Laws of: 6. Annual F		6. Annual Report must	nual Report must be signed.*				
МО		Signature: James W. Koeger		Date: 06/03/2016			
C 155213		Name (type or print)	Title: ASST TREASURER				
Processed 06/03/2016		* Electronically provided signatures are accepted as original signatures.					