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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90009 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000002936

1. Corporation Name
METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURANCE COMPANY



Principal Place of Business 700 QUAKER LANE WARWICK RI 02887	Mailing Address 700 QUAKER LANE WARWICK RI 02887
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 Quaker Lane		2a. Mailing Address 26 700 Quaker Lane		3. Date Incorporated or Qualified 05/22/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 P.O. Box 350		4. FEI Number 23-1903575	
City & State 23 Warwick, RI		City & State 28 Warwick, RI		Applied For Not Applicable	
Zip 24 02836-6669		Country 25 Kent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29 02887		Country 30 Kent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BILL NELSON, COMMISSIONER FLORIDA DEPT OF INSURANCE PLAZA LEVEL II, THE CAPITOL TALLAHASSEE FL 32399-0300				10. Name and Address of New Registered Agent	
				81 Name Insurance Commissioner, Florida Department of Insurance	
				82 Street Address (P.O. Box Number is Not Acceptable) Plaza 11, The Capitol	
				83	
				84 City Tallahassee	
				F.L. 85 Zip Code 32399-0300	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NO "E" Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAUGH, DANIEL J	1.2 NAME	Rein, Catherine A.	NAME	Lombardo, John S.	NAME	Cawley Christopher
STREET ADDRESS	700 QUAKER LANE	1.3 STREET ADDRESS	21 East 22nd Street, Apt. 8B	STREET ADDRESS	105 Mollie Drive	STREET ADDRESS	20 Spencer's Grant Drive
CITY-ST-ZIP	WARWICK RI	1.4 CITY-ST-ZIP	New York, NY	CITY-ST-ZIP	Cranston, RI	CITY-ST-ZIP	East Greenwich, RI
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	DSRV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, JOHN S	2.2 NAME	Lombardo, John S.	NAME	Berstein, Richard W.	NAME	MCSweeney, John J.
STREET ADDRESS	700 QUAKER LANE	2.3 STREET ADDRESS	105 Mollie Drive	STREET ADDRESS	289 Larchwood Drive	STREET ADDRESS	1654 East 31st Street
CITY-ST-ZIP	WARWICK RI	2.4 CITY-ST-ZIP	Cranston, RI	CITY-ST-ZIP	Warwick, RI	CITY-ST-ZIP	Brooklyn, NY
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERSTEIN, RICHARD W	3.2 NAME	Berstein, Richard W.	NAME	Cawley Christopher	NAME	Harvey, Robert W.
STREET ADDRESS	700 QUAKER LANE	3.3 STREET ADDRESS	289 Larchwood Drive	STREET ADDRESS	20 Spencer's Grant Drive	STREET ADDRESS	4 Intrepid Lane
CITY-ST-ZIP	WARWICK RI	3.4 CITY-ST-ZIP	Warwick, RI	CITY-ST-ZIP	East Greenwich, RI	CITY-ST-ZIP	Jamestown, RI
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSWEENEY, JOHN J	4.2 NAME	MCSweeney, John J.	NAME	Cawley Christopher	NAME	Harvey, Robert W.
STREET ADDRESS	700 QUAKER LANE	4.3 STREET ADDRESS	1654 East 31st Street	STREET ADDRESS	20 Spencer's Grant Drive	STREET ADDRESS	4 Intrepid Lane
CITY-ST-ZIP	WARWICK RI	4.4 CITY-ST-ZIP	Brooklyn, NY	CITY-ST-ZIP	East Greenwich, RI	CITY-ST-ZIP	Jamestown, RI
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAWLEY, CHRISTOPHER	5.2 NAME	Cawley Christopher	NAME	Cawley Christopher	NAME	Harvey, Robert W.
STREET ADDRESS	700 QUAKER LANE	5.3 STREET ADDRESS	20 Spencer's Grant Drive	STREET ADDRESS	20 Spencer's Grant Drive	STREET ADDRESS	4 Intrepid Lane
CITY-ST-ZIP	WARWICK RI	5.4 CITY-ST-ZIP	East Greenwich, RI	CITY-ST-ZIP	East Greenwich, RI	CITY-ST-ZIP	Jamestown, RI
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, ROBERT W	6.2 NAME	Harvey, Robert W.	NAME	Harvey, Robert W.	NAME	Harvey, Robert W.
STREET ADDRESS	700 QUAKER LANE	6.3 STREET ADDRESS	4 Intrepid Lane	STREET ADDRESS	4 Intrepid Lane	STREET ADDRESS	4 Intrepid Lane
CITY-ST-ZIP	WARWICK RI	6.4 CITY-ST-ZIP	Jamestown, RI	CITY-ST-ZIP	Jamestown, RI	CITY-ST-ZIP	Jamestown, RI

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Robert W. Harvey 04/20/99 (401) 827-2711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000117

CR2E034 (11/98)