

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002936

1. Entity Name

METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURA

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90022 004 ***150.00

Principal Place of Business	Mailing Address
QUAKER LANE RI 02886-6669	700 QUAKER LANE P.O. BOX 350 WARWICK RI 02887-0350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	23-1903575	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BILL NELSON, COMMISSIONER
 FLORIDA DEPT OF INSURANCE
 PLAZA 11, THE CAPITOL
 TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	REIN, CATHERINE A	
STREET ADDRESS	21 EAST 22ND ST, APT. 8B	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DSRV	<input type="checkbox"/> Delete
NAME	LOMBARDO, JOHN S	
STREET ADDRESS	105 MOLLIE DR	
CITY-ST-ZIP	CRANSTON RI	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BERSTEIN, RICHARD W	
STREET ADDRESS	289 LARCHWOOD DR	
CITY-ST-ZIP	WARWICK RI	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCSWEENEY, JOHN J	
STREET ADDRESS	1654 EAST 31ST ST	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CAWLEY, CHRISTOPHER	
STREET ADDRESS	20 SPENCER'S GRANT DR	
CITY-ST-ZIP	EAST GREENWICH RI	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HARVEY, ROBERT W	
STREET ADDRESS	4 INTREDPID LN	
CITY-ST-ZIP	JAMESTOWN RI	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIN, CATHERINE A.	
STREET ADDRESS	5 RIVER FARMS DRIVE	
CITY-ST-ZIP	WEST WARWICK, RI 02893	
TITLE	DSRV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, JOHN S.	
STREET ADDRESS	105 MOLLIE DR.	
CITY-ST-ZIP	CRANSTON, RI 02921	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERSTEIN, RICHARD W.	
STREET ADDRESS	289 LARCHWOOD FR.	
CITY-ST-ZIP	WARWICK, RI 02886	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, WILLIAM J.	
STREET ADDRESS	147 BRITE AVENUE	
CITY-ST-ZIP	SCARSDALE, NY 10583	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAWLEY, CHRISTOPHER	
STREET ADDRESS	20 SPENCER'S GRANT DR.	
CITY-ST-ZIP	EAST GREENWICH, RI 02818	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, ROBERT W.	
STREET ADDRESS	4 INTREPID LN.	
CITY-ST-ZIP	JAMESTOWN, RI 02835	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. HARVEY DATE: 4/3/00 DAYTIME PHONE #: (401) 827-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)