

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836890

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

700 QUAKER LANE  
WARWICK, RI 028866669

**New Principal Place of Business:**

**Current Mailing Address:**

700 QUAKER LANE-AREA 3D  
P O BOX 350  
WARWICK, RI 02887

**New Mailing Address:**

**FEI Number:** 13-2725441      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C  
Name: MULLANEY, WILLIAM J  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: T  
Name: GOULART, STEVEN J  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: PD  
Name: MOORE, WILLIAM D  
Address: 700 QUAKER LANE  
City-St-Zip: WARWICK, RI 02886

Title: D  
Name: LIPSCOMB, JAMES L  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: SRV  
Name: PAUL, LONNEMANN A  
Address: 700 QUAKER LANE  
City-St-Zip: WARWICK, RI 02886

Title: S  
Name: TRAVERS, MAURA C  
Address: 700 QUAKER LANE  
City-St-Zip: WARWICK, RI 02886

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAURA C. TRAVERS

SEC

04/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date