

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **846783** (9)
1. Corporation Name

METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE COMPANY



Principal Place of Business: **700 QUAKER LANE, P. O. BOX 350, WARWICK RI 02887**
Mailing Address: **700 QUAKER LANE, P. O. BOX 350, WARWICK RI 02887**

3. Date Incorporated or Qualified: **08/21/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-2915260**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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 607.0504, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature (typed or printed name of registered agent or new registered agent) NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BLACKWELL, RICHARD M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE MADISON AVE	1.2 NAME	
STREET ADDRESS	NEW YORK NY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	C NAGLER, STEWART GORDON	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE MADISON AVE	2.2 NAME	
STREET ADDRESS	NEW YORK NY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PO CAVANAGH, DANIEL J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 QUAKER LANE	3.2 NAME	
STREET ADDRESS	WARWICK RI	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VS BERSTEIN, RICHARD W.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 QUAKER LANE	4.2 NAME	
STREET ADDRESS	WARWICK RI	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SRV LOMBARDO, JOHN S.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 QUAKER LANE	5.2 NAME	
STREET ADDRESS	WARWICK RI	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VT WILLIAMSON, ANTHONY J.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE MADISON AVE	6.2 NAME	
STREET ADDRESS	NEW YORK NY	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Robert W. Harvey* Robert W. Harvey, Vice President 04/25/96 (401) 827-2711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date, Time, Phone #

CR2E034 (12/95)