

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/21/1980	
21	22	26	27	4. FEI Number 13-2915260	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	24	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TWEEDIE, JOHN H		1.2 NAME	BELLER, GARY A.	
STREET ADDRESS	ONE MADISON AVE		1.3 STREET ADDRESS	114 EAST 72 STREET	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	NEW YORK, NY	
TITLE	C	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGLER, STEWART GORDON		2.2 NAME		
STREET ADDRESS	ONE MADISON AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAGH, DANIEL J.		3.2 NAME		
STREET ADDRESS	700 QUAKER LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WARWICK RI		3.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERSTEIN, RICHARD W.		4.2 NAME		
STREET ADDRESS	700 QUAKER LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WARWICK RI		4.4 CITY-ST-ZIP		
TITLE	SRV	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, JOHN S.		5.2 NAME		
STREET ADDRESS	700 QUAKER LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WARWICK RI		5.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSWEENEY, JOHN J		6.2 NAME		
STREET ADDRESS	200 PARK AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP		

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.

SIGNATURE:  Robert W. Harvey, Vice President 04/14/98 (401) 877-2563

CR2E034 (10/97)