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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 846783

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1980

4. FEI Number
13-29 15260

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **700 Quaker Lane**

2a. Mailing Address
 26 **700 Quaker Lane**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Warwick, RI

28 City & State

24 Zip **02886-6669** 25 County **Kent** 29 Zip **02886** 30 Country

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
Insurance Commissioner, Florida Department of Insurance

82 Street Address (P.O. Box Number is Not Acceptable)
Plaza 11, The Capitol

83

84 City
Tallahassee FL 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
 Signature, typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELLER, GARY A	
STREET ADDRESS	114 EAST 72 STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	NAGLER, STEWART GORDON	
STREET ADDRESS	ONE MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAVANAGH, DANIEL J.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BERSTEIN, RICHARD W.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	LOMBARDO, JOHN S.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCSWEENEY, JOHN J	
STREET ADDRESS	200 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harvey, Robert W.	
1.3 STREET ADDRESS	4 Intrepid Lane	
1.4 CITY-ST-ZIP	Jamestown, RI	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cawley, Christopher	
2.3 STREET ADDRESS	20 Spencer's Grant Drive	
2.4 CITY-ST-ZIP	East Greenwich, RI	
3.1 TITLE	DPC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rein, Catherine A.	
3.3 STREET ADDRESS	21 East 22nd Street, Apt. 8B	
3.4 CITY-ST-ZIP	New York, NY	
4.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ferstein, Richard W.	
4.3 STREET ADDRESS	289 Larchwood Drive	
4.4 CITY-ST-ZIP	Warwick, RI	
5.1 TITLE	ESRV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lombardo, John S.	
5.3 STREET ADDRESS	105 Mollie Drive	
5.4 CITY-ST-ZIP	Cranston, RI	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MCSweeney, John J.	
6.3 STREET ADDRESS	1654 East 31st Street	
6.4 CITY-ST-ZIP	Brooklyn, NY	

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 Of time Phone #

CR2E034 (11/98)