

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2000 90022 003 ***150.00

DOCUMENT # 846783

1. Entity Name

METROPOLITAN GROUP PROPERTY AND CASUALTY INSURAN

Principal Place of Business

Mailing Address

700 QUAKER LANE
 WARWICK RI 02886-6669

700 QUAKER LANE
 P. O. BOX 350
 WARWICK RI 02887-0350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2915260

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 FLORIDA DEPARTMENT OF INSURANCE
 PLAZA 11, THE CAPITOL
 TALLAHASSEE FL 32399-0300**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Delete
NAME	HARVEY, ROBERT W	
STREET ADDRESS	4 INTREPID LANE	
CITY-ST-ZIP	JAMESTOWN RI	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAWLEY, CHRISTOPHER	
STREET ADDRESS	20 SPENCER'S GRANT DRIVE	
CITY-ST-ZIP	EAST GREENWICH RI	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAVANAGH, DANIEL J.	
STREET ADDRESS	700 QUAKER LANE	
CITY-ST-ZIP	WARWICK RI	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BERSTEIN, RICHARD W	
STREET ADDRESS	289 LARCHWOOD DRIVE	
CITY-ST-ZIP	WARWICK RI	
TITLE	DSRV	<input type="checkbox"/> Delete
NAME	LOMBARDO, JOHN S.	
STREET ADDRESS	105 MOLLIE DRIVE	
CITY-ST-ZIP	CRANSTON RI	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCSWEENEY, JOHN J	
STREET ADDRESS	1654 EAST 31ST STREET	
CITY-ST-ZIP	BROOKLYN NY	

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, ROBERT W.	
STREET ADDRESS	4 INTREPID LANE	
CITY-ST-ZIP	JAMESTOWN, RI 02835	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAWLEY, CHRISTOPHER	
STREET ADDRESS	20 SPENCER'S GRANT DRIVE	
CITY-ST-ZIP	EAST GREENWICH, RI 02818	
TITLE	PDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REIN, CATHERINE A.	
STREET ADDRESS	5 RIVER FARMS DRIVE	
CITY-ST-ZIP	WEST WARWICK, RI 02893	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERSTEIN, RICHARD W.	
STREET ADDRESS	289 LARCHWOOD DRIVE	
CITY-ST-ZIP	WARWICK, RI 02886	
TITLE	DSRV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, JOHN S.	
STREET ADDRESS	105 MOLLIE DRIVE	
CITY-ST-ZIP	CRANSTON, RI 02921	
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	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

(401) 827-2563

Daytime Phone #

CR2E034 (9/99)