2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90950 049 ***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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-2915260 ☐ Applied For ☐ Not Applicable

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

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, 2001 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	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARVEY, ROBERT W		NAME		
STREET ADDRESS	4 INTREPID LANE		STREET ADDRESS		
CITY-ST-ZIP	JAMESTOWN RI 02835		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAWLEY, CHRISTOPHER		NAME		
STREET ADDRESS	20 SPENCER'S GRANT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EAST GREENWICH RI 02818		CITY-ST-ZIP		
TITLE	PDC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REIN, CATHERINE A		NAME		
STREET ADDRESS	5 RIVER FARMS DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST WARWICK RI 02893		CITY-ST-ZIP		
TITLE	DVS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BERSTEIN, RICHARD W		NAME		
STREET ADDRESS	289 LARCHWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WARWICK RI 02886		CITY-ST-ZIP		
TITLE	DSRV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LOMBARDO, JOHN S.		NAME		
STREET ADDRESS	105 MOLLIE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRANSTON RI 02921		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	WHEELER, WILLIAM J		NAME	LAUNER, JR., LELAND C.	
STREET ADDRESS	147 BRITE AVE		STREET ADDRESS	41 WELSH LANE	
CITY-ST-ZIP	SCARSDALE NY 10583		CITY-ST-ZIP	HARDING, NJ 07976	

CR2E034 (10/00)

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: _____ APRIL 25, 2001 (401) 827-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #