


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90087 027 \*\*\*158.75

<b>DOCUMENT # 846783</b>					
1. Entity Name METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE COMPANY					
Principal Place of Business 700 QUAKER LANE WARWICK, RI 02886-6669		Mailing Address 700 QUAKER LANE P. O. BOX 350 WARWICK, RI 02887			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-2915260	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARVEY, ROBERT W		NAME		
STREET ADDRESS	700 QUAKER LANE		STREET ADDRESS		
CITY-ST-ZIP	WARWICK, RI 02886		CITY-ST-ZIP		
TITLE	SRVD	<input type="checkbox"/> Delete	TITLE	C/D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLANEY, WILLIAM J		NAME		
STREET ADDRESS	700 QUAKER LANE		STREET ADDRESS		
CITY-ST-ZIP	WARWICK, RI 02886		CITY-ST-ZIP		
TITLE	PDC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REIN, CATHERINE A		NAME		
STREET ADDRESS	700 QUAKER LANE		STREET ADDRESS		
CITY-ST-ZIP	WARWICK, RI 02886		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAVERS, MAURA C		NAME		
STREET ADDRESS	700 QUAKER LANE		STREET ADDRESS		
CITY-ST-ZIP	WARWICK, RI 02886		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALSH, MICHAEL C		NAME		
STREET ADDRESS	700 QUAKER LANE		STREET ADDRESS		
CITY-ST-ZIP	WARWICK, RI 02886		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMSON, ANTHONY J		NAME		
STREET ADDRESS	27-01 QUEENS PLAZA NORTH		STREET ADDRESS		
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: _____			April 13, 2005		401-827-3039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT

40058773

# 846783

METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE COMPANY

DIRECTORS

NAME	BUSINESS ADDRESS
William J. Mullaney Chairman of the Board	700 Quaker Lane Warwick, RI 02886
Robert W. Harvey	700 Quaker Lane Warwick, RI 02886
Margaret A. Rody	700 Quaker Lane Warwick, RI 02886
Edward E. Veazey	700 Quaker Lane Warwick, RI 02886
Michael C. Walsh	700 Quaker Lane Warwick, RI 02886

01/01/2005

# ATTACHMENT

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## METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE COMPANY

### OFFICERS

NAME	TITLE	BUSINESS ADDRESS
William J. Mullaney	President	700 Quaker Lane Warwick, RI 02886
Anthony J. Williamson	Treasurer	1 MetLife Plaza 27-01 Queens Plaza North Long Island City, NY 11101
Susan A. Buffum	Vice President	10 Park Avenue Morristown, NJ 07962
Martin W. Deede	Vice President	700 Quaker Lane Warwick, RI 02886
Robert W. Harvey	Vice President & Controller	700 Quaker Lane Warwick, RI 02886
Barbara M. Ridge	Vice President	700 Quaker Lane Warwick, RI 02886
Mark J. Silverman	Vice President	700 Quaker Lane Warwick, RI 02886
Maura C. Travers	Assistant General Counsel & Secretary	700 Quaker Lane Warwick, RI 02886
Michael C. Walsh	Vice President	700 Quaker Lane Warwick, RI 02886
A. Kaiper Wilson	Vice President & General Counsel	700 Quaker Lane Warwick, RI 02886

01/01/2005