

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

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**May 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 851773 (2)**  
1. Corporation Name: **METROPOLITAN GENERAL 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**

3. Date Incorporated or Qualified: **02/04/1982** 3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **22-2342710** Applied For:  Not Applicable  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. Suite, Apt. #, etc. 22. City & State: 23. Zip Country: 24. 25. 26. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State: 28. Zip Country: 29. 30.

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER STATE 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: 85. Zip Code: **FL**

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	<b>DPC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAVANAGH, DANIEL J.</b>	1.2 NAME	<b>HARVEY, ROBERT W.</b>
STREET ADDRESS	<b>7 CANTON CT.</b>	1.3 STREET ADDRESS	<b>700 QUAKER LANE, P.O. BOX 350</b>
CITY-ST-ZIP	<b>BROOKLYN NY</b>	1.4 CITY-ST-ZIP	<b>WARWICK, RHODE ISLAND 02887</b>
TITLE	<b>DSRV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOMBARDO, JOHN S.</b>	2.2 NAME	<b>CAWLEY, CHRISTOPHER</b>
STREET ADDRESS	<b>105 MOLLIE DR.</b>	2.3 STREET ADDRESS	<b>700 QUAKER LANE, P.O. BOX 350</b>
CITY-ST-ZIP	<b>CRANSTON, RI.</b>	2.4 CITY-ST-ZIP	<b>WARWICK, RHODE ISLAND 02887</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCSWEENEY, JOHN J.</b>	3.2 NAME	<b>VEAZEY, EDWARD E.</b>
STREET ADDRESS	<b>1654 E. 31ST STREET</b>	3.3 STREET ADDRESS	<b>700 QUAKER LANE, P.O. BOX 350</b>
CITY-ST-ZIP	<b>BROOKLYN NY</b>	3.4 CITY-ST-ZIP	<b>WARWICK, RHODE ISLAND 02887</b>
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>DVS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERSTEIN, RICHARD W.</b>	4.2 NAME	<b>BERSTEIN, RICHARD W.</b>
STREET ADDRESS	<b>289 LARCHWOOD DRIVE</b>	4.3 STREET ADDRESS	<b>700 QUAKER LANE, P.O. BOX 350</b>
CITY-ST-ZIP	<b>WARWICK, RI.</b>	4.4 CITY-ST-ZIP	<b>WARWICK, RHODE ISLAND 02887</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESALVO, SALVATORE A.</b>	5.2 NAME	<b>RODY, MARGARET A.</b>
STREET ADDRESS	<b>5 BALSAM DRIVE</b>	5.3 STREET ADDRESS	<b>700 QUAKER LANE, P.O. BOX 350</b>
CITY-ST-ZIP	<b>E. GREENWICH RI</b>	5.4 CITY-ST-ZIP	<b>WARWICK, RHODE ISLAND 02887</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODY, MARGARET A</b>	6.2 NAME	<b>MCSWEENEY, JOHN J.</b>
STREET ADDRESS	<b>10 CINDY ANN DR</b>	6.3 STREET ADDRESS	<b>200 PARK AVENUE</b>
CITY-ST-ZIP	<b>E GREENWICH RI</b>	6.4 CITY-ST-ZIP	<b>NEW YORK NY 10166</b>

14. I do 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: *Margaret A. Rody* **MARGARET A. RODY** 04/29/97 (401) 827-2563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)