

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90009 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851773**

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/04/1982</b>	
4. FEI Number <b>22-2342710</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
81 Name	<b>Insurance Commissioner, Florida Department of Insurance</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>Plaza 11, The Capitol</b>		
83			
84 City	<b>Tallahassee</b>	85 Zip Code	<b>FL 32399-0300</b>

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVANAGH, DANIEL J.	1.2 NAME	Rein, Catherine A.
STREET ADDRESS	7 CANTON CT.	1.3 STREET ADDRESS	21 East 22nd Street, Apt. 8B
CITY-STATE-ZIP	BROOKLYN NY	1.4 CITY-STATE-ZIP	New York, NY
TITLE	DSRV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, JOHN S.	2.2 NAME	
STREET ADDRESS	105 MOLLIE DR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CRANSTON, RI.	2.4 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSWEENEY, JOHN J.	3.2 NAME	
STREET ADDRESS	1654 E. 31ST STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BROOKLYN NY	3.4 CITY-STATE-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERSTEIN, RICHARD W.	4.2 NAME	
STREET ADDRESS	289 LARCHWOOD DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	WARWICK, RI.	4.4 CITY-STATE-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODY, MARGARET A	5.2 NAME	Harvey, Robert W.
STREET ADDRESS	700 QUAKER LN P O BOX 350	5.3 STREET ADDRESS	4 Intrepid Lane
CITY-STATE-ZIP	WARWICK RI	5.4 CITY-STATE-ZIP	Jamestown, RI
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODY, MARGARET A	6.2 NAME	
STREET ADDRESS	10 CINDY ANN DR	6.3 STREET ADDRESS	
CITY-STATE-ZIP	E GREENWICH RI	6.4 CITY-STATE-ZIP	

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: \_\_\_\_\_ DATE: **04/20/99** (401)827-2711  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: OR DIRECTOR Date Daytime Phone #

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CR2E034 (1/98)