

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2000 90022 005 ***150.00

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|--|---------|---|---------|
| DOCUMENT # 851773 | | | |
| 1. Entity Name METROPOLITAN GENERAL INSURANCE COMPANY | | | |
| Principal Place of Business 700 QUAKER LANE WARWICK RI 02886-6669 | | Mailing Address 700 QUAKER LANE P O BOX 350 WARWICK RI 02887-0350 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER PLAZA 11, THE CAPITOL TALLAHASSEE FL 32399-0300 | | 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER, FLORIDA DEPARTMENT OF INSURANCE Street Address (P.O. Box Number is Not Acceptable) PLAZA 11, THE CAPITOL City TALLAHASSEE FL Zip Code 32399-0300 | |



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 22-2342710 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPC REIN, CATHERINE A 21 EAST 22ND ST, APT 8B NEW YORK NY <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPC REIN, CATHERINE A. 5 RIVER FARMS DRIVE WEST WARWICK, RI 02893 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSRV LOMBARDO, JOHN S. 105 MOLLIE DR. CRANSTON, RI. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSRV LOMBARDO, JOHN S. 105 MOLLIE DR. CRANSTON, RI 02921 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCSWEENEY, JOHN J. 1654 E. 31ST STREET BROOKLYN NY <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WHEELER, WILLIAM J. 147 BRITTE AVENUE SCARSDALE, NY 10583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS BERSTEIN, RICHARD W. 289 LARCHWOOD DRIVE WARWICK, RI. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS BERSTEIN, RICHARD W. 289 LARCHWOOD DRIVE WARWICK, RI 02886 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RODY, MARGARET A 700 QUAKER LN P O BOX 350 WARWICK RI <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RODY, MARGARET A. 10 CINDY ANN DR. EAST GREENWICH, RI 02818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HARVEY, ROBERT W 4 INTREPID LN JAMESTOWN RI <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HARVEY, ROBERT W. 4 INTREPID LN. JAMESTOWN, RI 02835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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* **ROBERT W. HARVEY** 4/3/00 (401) 827-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)