2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # 851773** 1. Entity Name METROPOLITAN GENERAL INSURANCE COMPANY 05-03-2001 90950 045 ***150.00 Principal Place of Business Mailing Address 700 QUAKER LANE 700 OUAKER LANE P O BOX 350 WARWICK RI 02886-6669 WARWICK RI 02887 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-2342710 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) PLAZA 11, THE CAPITOL TALLAHASSEE FL 32399-0300 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DPC TITLE Change ☐ Delete REIN, CATHERINE A NAME STREET ADDRESS STREET ADDRESS 5 RIVER FARMS DR. CITY-ST-ZIP CITY-ST-ZIP WEST WARWICK RI 02893 ☐ Change ☐ Addition DSRV ☐ Delete TITLE TITLE LOMBARDO, JOHN S. NAME NAME 105 MOLLIE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CRANSTON RI 02921** CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE WHEELER, WILLIAM J LAUNER, JR., LELAND C. NAME NAME 147 BRITE AVE STREET ADDRESS 41 WELSH LANE STREET ADDRESS CITY-ST-ZIP SCARSDALE NY 10583 CITY-ST-ZIP HARDING, NJ 07976 X Change ☐ Addition Delete TITLE TITI F BERSTEIN, RICHARD W. BERSTEIN, RICHARD W. NAME NAME 289 LARCHWOOD DRIVE STREET ADDRESS STREET ADDRESS 289 LARCHWOOD DRIVE CITY-ST-ZIP WARWICK, RI. CITY-ST-ZIP <u>WARWICK, RI 02886</u> ☐ Addition Change VD ☐ Delete TITLE TITI F RODY, MARGARET A NAME 10 CINDY ANN DR. STREET ADDRESS STREET ADDRESS EAST GREENWICH RI 02818 CITY-ST-ZIP CITY-ST-7IP Change Change ☐ Addition TITLE ☐ Defete TITLE HARVEY, ROBERT W NAME NAME STREET ADDRESS 4 INTREPID LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAMESTOWN RI 02835

13. I hereby certify that the information supplied with this filling 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:

G OFFICER OR DIRECTOR

APRIL 25, 2001

(401) 827-2563

Daytime Phone #

CR2E034 (10/00)