

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851773

FILED
Apr 08, 2009
Secretary of State

Entity Name: METROPOLITAN GENERAL INSURANCE COMPANY

Current Principal Place of Business:

700 QUAKER LANE
WARWICK, RI 028866669

New Principal Place of Business:

Current Mailing Address:

700 QUAKER LANE
P O BOX 350
WARWICK, RI 02887

New Mailing Address:

FEI Number: 22-2342710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: MOORE, WILLIAM D
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: T () Delete
Name: STEIGERWALT, ERIC T
Address: 27-01 QUEENS PLAZA NORTH
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: S () Delete
Name: TRAVERS, MAURA C
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: VD () Delete
Name: RODY, MARGARET A
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: VPD () Delete
Name: VEAZEY, EDWARD E
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: DV () Delete
Name: WALSH, MICHAEL C
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: STEIGERWALT, ERIC T
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DSRV (X) Change () Addition
Name: WALSH, MICHAEL C
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: DSRV (X) Change () Addition
Name: LONNEMANN, PAUL A
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: V (X) Change () Addition
Name: SPONTAK, RALPH G
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURA C. TRAVERS

S

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date