

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 855305 (9)  
1. Corporation Name  
METROPOLITAN CASUALTY INSURANCE COMPANY



Principal Place of Business Mailing Address  
700 QUAKER LANE 700 QUAKER LANE  
P O BOX 350 P O BOX 350  
WARWICK RI 02887 WARWICK RI 02887

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

3. Date Incorporated or Qualified 01/20/1983 3a. Date of Last Report 05/01/1995  
4. FEI Number 05-0393243 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

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 on plain paper is of registered agent is not applicable

Signature typed on plain paper is of registered agent is not applicable

(DATE)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DPC CAVANAGH, DANIEL J. 7 CANTON COURT BROOKLYN NY  
DVS BERSTEIN, RICHARD W. 289 LARCHWOOD DR WARWICK, RI.  
DV RODY, MARGARET A 10 CINDY ANN DR E GREENWICH RI  
T MCSWEENEY, JOHN J. 1654 E 31ST ST. BROOKLYN NY  
DV DESALVO, SALVATORE A. 5 BALSAM DRIVE EAST GREENWICH RI  
DSRV LOMBARDO, JOHN S 105 MOLLIE DR. CRANSTON, RI.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE 12 NAME  
1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  
2.1 TITLE 2.2 NAME  
2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  
3.1 TITLE 3.2 NAME  
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  
4.1 TITLE 4.2 NAME  
4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  
5.1 TITLE 5.2 NAME  
5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  
6.1 TITLE 6.2 NAME  
6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Harvey, Vice President 04/25/96 (401)827-2711

CR2E034 (12/95)