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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 P O BOX 350 WARWICK RI 02887	700 QUAKER LANE P O BOX 350 WARWICK RI 02887

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1983

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	☐ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	CAVANAGH, DANIEL J.		1.2 NAME	HARVEY, ROBERT W.	
STREET ADDRESS	7 CANTON COURT		1.3 STREET ADDRESS	4 INTREPID LANE	
CITY-ST-ZIP	BROOKLYN NY		1.4 CITY-ST-ZIP	JAMESTOWN, RI	
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERSTEIN, RICHARD W.		2.2 NAME		
STREET ADDRESS	289 LARCHWOOD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	WARWICK, RI.		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RODY, MARGARET A		3.2 NAME		
STREET ADDRESS	10 CINDY ANN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	E GREENWICH RI		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCSWEENEY, JOHN J.		4.2 NAME		
STREET ADDRESS	1654 E 31ST ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY		4.4 CITY-ST-ZIP		
TITLE	DVS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERSTEIN, RICHARD W		5.2 NAME		
STREET ADDRESS	700 QUAKER LN P O BOX 350		5.3 STREET ADDRESS		
CITY-ST-ZIP	WARWICK RI		5.4 CITY-ST-ZIP		
TITLE	DSRV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LOMBARDO, JOHN S		6.2 NAME		
STREET ADDRESS	105 MOLLIE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CRANSTON, RI.		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ Robert W. Harvey, Vice President 04/14/98 (401)827-2563