FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State
04-28-1999 90009 048 ***150.00

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DOCUMENT # 855305

1. Corporation Name
METROPOLITAN CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
700 QUAKER LANE ~~P O BOX 350~~ WARWICK RI ~~02887~~ 02886-6669	700 QUAKER LANE P O BOX 350 WARWICK RI 02887

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 Quaker Lane	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/20/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-0393243 ☐ Applied For ☐ Not Applicable
City & State 23 Warwick, RI	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 02886-6669 25 Kent	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399	81 Name: Insurance Commissioner, Florida Dept. of Ins. 82 Street Address (P.O. Box Number is Not Acceptable): Plaza 11, The Capitol 83 84 City: Tallahassee FL 85 Zip Code: 32399-0300

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	DPC	☐ Change ☒ Addition
NAME	CAVANAGH, DANIEL J.		1.2 NAME	Rein, Catherine A.	
STREET ADDRESS	7 CANTON COURT		1.3 STREET ADDRESS	21 East 22nd Street, Apt. 8B	
CITY-ST-ZIP	BROOKLYN NY		1.4 CITY-ST-ZIP	New York, NY	
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	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARVEY, ROBERT W		5.2 NAME		
STREET ADDRESS	4 INTREPID LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JAMESTOWN 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 (11/98)

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, with all other like empowered.

SIGNATURE: _____ Robert W. Harvey 04/20/99 (401) 827-2711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #