2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90022 006 ***150.00

DOCUMENT # 855305

1. Entity Name

METROPOLITAN CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
700 QUAKER LANE WARWICK RI 02886-6669	700 QUAKER LANE P O BOX 350 WARWICK RI 02887-0350

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0393243 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE INSURANCE COMMISSIONER PLAZA 11, THE CAPITOL TALLAHASSEE FL 32399-0300	Name: INSURANCE COMMISSIONER, FLORIDA DEPARTMENT OF INS. Street Address (P.O. Box Number is Not Acceptable): PLAZA 11, THE CAPITOL City: TALLAHASSEE **FL** Zip Code: 32399-0300

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC REIN, CATHERINE A 21 EAST 22ND ST, APT 8B NEW YORK NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC REIN, CATHERINE A. 5 RIVER FARMS DRIVE WEST WARWICK, RI 02893	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS BERSTEIN, RICHARD W. 289 LARCHWOOD DR WARWICK, RI.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS BERSTEIN, RICHARD W. 289 LARCHWOOD DR. WARWICK, RI 02886	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RODY, MARGARET A 10 CINDY ANN DR E GREENWICH RI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RODY, MARGARET A. 10 CINDY ANN DR. E. GREENWICH, RI 02818	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCSWEENEY, JOHN J. 1654 E 31ST ST. BROOKLYN NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHEELER, WILLIAM J. 147 BRITE AVENUE SCARSDALE, NY 10583	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARVEY, ROBERT W 4 INTREPID LANE JAMESTOWN RI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARVEY, ROBERT W. 4 INTREPID LANE JAMESTOWN, RI 02835	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSRV LOMBARDO, JOHN S 105 MOLLIE DR. CRANSTON, RI.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSRV LOMBARDO, JOHN S. 105 MOLLIE DR. CRANSTON, RI 02921	☒ Change ☐ Addition

13. 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 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: _____ ROBERT W. HARVEY 4/3/00 (401) 827-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #