

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91219 023 ***150.00

DOCUMENT # 855305

1. Entity Name

METROPOLITAN CASUALTY INSURANCE COMPANY

Principal Place of Business

**700 QUAKER LANE
 WARWICK RI 02886-6669**

Mailing Address

**700 QUAKER LANE
 P O BOX 350
 WARWICK RI 02887**

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **DPC** ☐ Delete
 NAME **REIN, CATHERINE A**
 STREET ADDRESS **5 RIVERS FARMS DRIVE**
 CITY-ST-ZIP **WEST WARWICK RI 02893**

TITLE **DPC** ☒ Change ☐ Addition
 NAME **Rein, Catherine A.**
 STREET ADDRESS **700 Quaker Lane**
 CITY-ST-ZIP **Warwick, RI 02886**

TITLE **DVS** ☐ Delete
 NAME **BERSTEIN, RICHARD W.**
 STREET ADDRESS **289 LARCHWOOD DR**
 CITY-ST-ZIP **WARWICK RI 02886**

TITLE **DVS** ☒ Change ☐ Addition
 NAME **Berstein, Richard W.**
 STREET ADDRESS **700 Quaker Lane**
 CITY-ST-ZIP **Warwick, RI 02886**

TITLE **DV** ☐ Delete
 NAME **RODY, MARGARET A**
 STREET ADDRESS **10 CINDY ANN DR**
 CITY-ST-ZIP **EAST GREENWICH RI 02818**

TITLE **DV** ☒ Change ☐ Addition
 NAME **Rody, Margaret A.**
 STREET ADDRESS **700 Quaker Lane**
 CITY-ST-ZIP **Warwick, RI 02886**

TITLE **T** ☒ Delete
 NAME **LAUNER, LELAND C JR**
 STREET ADDRESS **41 WELSH LANE**
 CITY-ST-ZIP **NEW VERNON NJ 07976**

TITLE **T** ☐ Change ☒ Addition
 NAME **Williamson, Anthony J.**
 STREET ADDRESS **One Madison Avenue**
 CITY-ST-ZIP **New York, NY 10010**

TITLE **VD** ☐ Delete
 NAME **HARVEY, ROBERT W**
 STREET ADDRESS **4 INTREPID LANE**
 CITY-ST-ZIP **JAMESTOWN RI 02835**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Harvey, Robert W.**
 STREET ADDRESS **700 Quaker Lane**
 CITY-ST-ZIP **Warwick, RI 02886**

TITLE **DSRV** ☒ Delete
 NAME **LOMBARDO, JOHN S**
 STREET ADDRESS **105 MOLLIE DR.**
 CITY-ST-ZIP **CRANSTON RI 02921**

TITLE **DSRV** ☐ Change ☒ Addition
 NAME **Cawley, Christopher**
 STREET ADDRESS **700 Quaker Lane**
 CITY-ST-ZIP **Warwick, RI 02886**

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2002 (401) 827-2563

Date

Daytime Phone #

CR2E034 (9/01)