2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# 855305

Entity Name: METROPOLITAN CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

700 QUAKER LANE
WARWICK, RI 028866669

New Principal Place of Business:

Current Mailing Address:

700 QUAKER LANE
P O BOX 350
WARWICK, RI 02887

New Mailing Address:

FEI Number: 05-0393243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPC ( ) Delete
Name: REIN, CATHERINE A
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: DVS ( ) Delete
Name: TRAVERS, MAURA C
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: DV ( ) Delete
Name: RODY, MARGARET A,
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: T ( ) Delete
Name: WILLIAMSON, ANTHONY J
Address: 27-01 QUEENS PLAZA NORTH
City-St-Zip: LONG ISLAND, NY 11101

Title: VD ( ) Delete
Name: HARVEY, ROBERT W
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 028866669

Title: DSRV ( ) Delete
Name: MULLANEY, WILLIAM J
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: TRAVERS, MAURA C
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: WILLIAMSON, ANTHONY J
Address: 27-01 QUEENS PLAZA NORTH
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. HARVEY VD 10/21/2004

Electronic Signature of Signing Officer or Director — Date