2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE:

Apr 16, 2008 8:00 am Secretary of State **DOCUMENT #855305** 04-16-2008 90038 008 ***158.75 METROPOLITAN CASUALTY INSURANCE COMPANY Principal Place of Business Mailing Address DUULAJOJ 700 QUAKER LANE 700 QUAKER LANE WARWICK, RI 02886-6669 P 0 BOX 350 WARWICK, RI 02887 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 05-0393243 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCOB TITLE Delete TITLE Change ☐ Addition MOORE, WILLIAM D STREET ADDRESS 700 QUAKER LANE STREET ADDRESS CITY-ST-ZIP WARWICK, RI 02886 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TRAVERS, MAURA C NAME NAME STREET ADDRESS 700 QUAKER LANE STREET ADDRESS CITY-ST-ZIP WARWICK, RI 02886 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODY, MARGARET A NAME NAME STREET ADDRESS 700 QUAKER LANE STREET ADDRESS WARWICK, RI 02886 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE X Change ☐ Addition Treasurer WILLIAMSON, ANTHONY J Eric T. Steigerwalt 27-01 Queens Plaza North Long Island City, NY 11101 NAME NAME STREET ADDRESS 27-01 QUEENS PLAZA NORTH STREET ADDRESS LONG ISLAND CITY, NY 11101 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VEAZEY, EDWARD E NAME NAME STREET ADDRESS 700 QUAKER LANE STREET ADDRESS WARWICK, RI 028866669 CITY-ST-ZIP CITY - ST - ZIP ☐ Defete TITLE ☐ Change ■ Addition CAWLEY, CHRISTOPHER NAME NAME STREET ADDRESS 700 QUAKE LANE STREET ADDRESS WARWICK, RI 02886 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.

Ralph G. Spontak

April 10, 2008 (401) 827-3039

FILED