

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855305

FILED
Apr 25, 2012
Secretary of State

Entity Name: METROPOLITAN CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

700 QUAKER LANE
WARWICK, RI 02886681

New Principal Place of Business:

Current Mailing Address:

700 QUAKER LANE-AREA 3D
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

OFFICERS AND DIRECTORS:

Title: COBP
Name: MOORE, WILLIAM D
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: S
Name: TRAVERS, MAURA C
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: DSRV
Name: WALSH, MICHAEL C
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

Title: T
Name: DEBEL, MARLENE B
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: DSRV
Name: LONNEMANN, PAUL A
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 028866669

Title: V
Name: RALPH, SPONTAK G
Address: 700 QUAKER LANE
City-St-Zip: WARWICK, RI 02886

I hereby 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 all other like empowered.

SIGNATURE: RALPH G. SPONTAK

V

04/25/2012

Electronic Signature of Signing Officer or Director

Date