2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

REJECTED
855305

FILED
03 JUN 25 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

☒ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC REIN, CATHERINE A 700 QUAKER LANE WARWICK RI 02886	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600021271446 07/02/03--01038--013 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS BERSTEIN, RICHARD W. 700 QUAKER LANE WARWICK RI 02886	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS TRAVERS, MAURA C 700 QUAKER LANE WARWICK, RI 02886 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RODY, MARGARET A 700 QUAKER LANE WARWICK RI 02886	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMSON, ANTHONY J ONE MADISON AVE NEW YORK NY 10010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMSON, ANTHONY J 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARVEY, ROBERT W 4 INTREPID LANE JAMESTOWN RI 02835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARVEY, ROBERT W 700 QUAKER LANE WARWICK, RI 02886 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSRV CAWLEY, CHRISTOPHER 700 QUAKER LANE WARWICK RI 02886	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSRV MULLANEY, WILLIAM J 700 QUAKER LANE WARWICK, RI 02886 ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] **REQUIRED** April 24, 2003 (401) 827-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0614398 AT

CR2E034 (10/02)