


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P02944 (7)</b> 1. Corporation Name <b>METROPOLITAN P&amp;C INSURANCE SERVICES, INC.</b>			
Principal Place of Business <b>700 QUAKER LANE P O BOX 350 WARWICK RI 02887</b>		Mailing Address <b>700 QUAKER LANE P O BOX 350 WARWICK RI 02887 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYES ST. STE 105 TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	NAME	1.2 NAME	Change Addition
CITY-ST-ZIP	NAME	1.3 STREET ADDRESS	Change Addition
TITLE	NAME	1.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS	NAME	2.1 TITLE	Change Addition
CITY-ST-ZIP	NAME	2.2 NAME	Change Addition
TITLE	NAME	2.3 STREET ADDRESS	Change Addition
STREET ADDRESS	NAME	2.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP	NAME	3.1 TITLE	Change Addition
TITLE	NAME	3.2 NAME	Change Addition
STREET ADDRESS	NAME	3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	NAME	3.4 CITY-ST-ZIP	Change Addition
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS	NAME	4.2 NAME	Change Addition
CITY-ST-ZIP	NAME	4.3 STREET ADDRESS	Change Addition
TITLE	NAME	4.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS	NAME	5.1 TITLE	Change Addition
CITY-ST-ZIP	NAME	5.2 NAME	Change Addition
TITLE	NAME	5.3 STREET ADDRESS	Change Addition
STREET ADDRESS	NAME	5.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP	NAME	6.1 TITLE	Change Addition
TITLE	NAME	6.2 NAME	Change Addition
STREET ADDRESS	NAME	6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	NAME	6.4 CITY-ST-ZIP	Change Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  ROBERT W. HARVEY VICE PRESIDENT 07/29/97 (401) 827-2562

CR2E034 (4/97)

**METROPOLITAN P&C INSURANCE SERVICES, INC.**

**OFFICERS**

<b><u>NAME</u></b>	<b><u>SOCIAL SECURITY #</u></b>	<b><u>TITLE</u></b>	<b><u>RESIDENCE</u></b>
<b>Richard W. Bernstein*</b>	038-34-3322	Vice President, General Counsel and Secretary	289 Larchwood Drive Warwick, RI
<b>Daniel J. Cavanagh*</b>	109-30-3925	President and CEO	7 Canton Court Brooklyn, NY
<b>Robert W. Harvey</b>	002-32-1055	Vice President	4 Intrepid Lane Jamestown, RI
<b>Patricia Lager</b>	391-60-8073	Assistant Vice President	161 Woodland Trail Wakefield, RI
<b>John S. Lombardo*</b>	042-52-3265	Senior Vice President	105 Mollie Drive Cranston, RI
<b>John J. McSweeney*</b>	109-28-5878	Treasurer	200 Park Avenue 4M New York, NY
<b>William D. Moore</b>	298-48-4196	Vice President	1600 Charlemagne Dr. Hoffman Estates, IL
<b>Margaret A. Rody</b>	276-46-6676	Vice President	10 Cindy Ann Drive East Greenwich, RI
<b>John E. Rutecki</b>	011-42-1470	Vice President	71 York Road Mansfield, MA

**METROPOLITAN P&C INSURANCE SERVICES, INC.**

**DIRECTORS**

<b><u>NAME</u></b>	<b><u>SOCIAL SECURITY #</u></b>	<b><u>TITLE</u></b>	<b><u>RESIDENCE</u></b>
Richard W. Berstein	038-34-3322	Director	289 Larchwood Drive Warwick, RI
Daniel J. Cavanagh	109-30-3925	Chairman	7 Canton Court Brooklyn, NY
Michael D. Davidson	457-72-1874	Director	40 Oak Grove St. #7 Warwick, RI
John S. Lombardo	042-52-3265	Director	105 Mollie Drive Cranston, RI
William D. Moore	298-48-4196	Director	1600 Charlemagne Drive Hoffman Estates, IL
Margaret A. Rody	276-46-6676	Director	10 Cindy Ann Drive East Greenwich, RI
John E. Rutecki	011-42-1470	Director	71 York Road Mansfield, MA