

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846783

Entity Name: METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE COMPANY

**FILED
Apr 16, 2015
Secretary of State
CC7557402192**

Current Principal Place of Business:

700 QUAKER LANE
WARWICK, RI 02886-6681

Current Mailing Address:

700 QUAKER LANE-AREA 3D
P. O. BOX 350
WARWICK, RI 02887

FEI Number: 13-2915260

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title CHAIRMAN, PRESIDENT
Name PONNAVOLU, KISHORE
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886-6681

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

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

Title VP, GENERAL COUNSEL
Name NOSTRAMO, ROBERT F
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886

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

Title VP, CFO, DIRECTOR
Name SPONTAK, RALPH G
Address 700 QUAKER LANE
City-State-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: MAURA C. TRAVERS

SECRETARY

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date