

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 846783

**Entity Name:** METROPOLITAN GROUP PROPERTY AND CASUALTY  
INSURANCE COMPANY

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC3403795775**

**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 NOSTAMO, 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**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date