

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 851773

**Entity Name:** METROPOLITAN GENERAL INSURANCE COMPANY

**Current Principal Place of Business:**

700 QUAKER LANE  
WARWICK, RI 02886-6681

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC9012799039**

**Current Mailing Address:**

700 QUAKER LANE-FMR  
P O BOX 350  
WARWICK, RI 02887 US

**FEI Number: 22-2342710**

**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

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

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

Title VP, CFO, DIRECTOR  
Name BEDNARICK, MICHAEL J  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

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

Title VP, CONTROLLER  
Name STEVENS, RICHARD A  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

Title VP  
Name FINCHUM, DARLA A  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

Title VP, DIRECTOR  
Name FURR, BARBARA J  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

**Continues on page 2**

*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**

**04/20/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BEAN, ROBERT E  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

Title VP  
Name LONARDO, RICHARD P  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

Title SENIOR VICE PRESIDENT  
Name NOLAND, MICK L  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

Title VP  
Name RHODES, CHRISTOPHER T  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

Title VP  
Name HASEGAWA, LISE A  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

Title VP  
Name CHEAN, KEVIN  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

Title TREASURER  
Name MCCALLION, JOHN D  
Address 1095 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name STRONG, CALVIN T  
Address 700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886