2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2015
Secretary of State
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Entity Name: METROPOLITAN CASUALTY INSURANCE COMPANY

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: 05-0393243

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

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

Title	VP, CFO, DIRECTOR
Name	RALPH, SPONTAK 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