

1.) CORPORATION NAME:

**METROPOLITAN PROPERTY AND CASUALTY
INSURANCECOMPANY**

DUE DATE: **3/31/2012**

SCC ID NO: **F0278970**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREFER	315,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

RI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 350
700 QUAKER LN

CITY/ST/ZIP: WARWICK, RI 02887-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WILLIAM D MOORE
TITLE: PRESIDENT
ADDRESS: 700 QUAKER LANE
CITY/ST/ZIP/CO: WARWICK, RI 02886-6681

OFFICER

DIRECTOR

NAME: MICHAEL C WALSH
TITLE: SR VP/CFO
ADDRESS: 700 QUAKER LANE
CITY/ST/ZIP/CO: WARWICK, RI 02886-6681

OFFICER

DIRECTOR

NAME: RALPH G SPONTAK
TITLE: VP/CONT
ADDRESS: 700 QUAKER LANE
CITY/ST/ZIP/CO: WARWICK, RI 02886-6681

OFFICER

DIRECTOR

NAME: MAURA C TRAVERS
TITLE: ASST GC/S
ADDRESS: 700 QUAKER LANE
CITY/ST/ZIP/CO: WARWICK, RI 02886-6681

OFFICER

DIRECTOR

NAME: MARLENE B DEBEL
TITLE: TREASURER
ADDRESS: 1095 AVENUE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10036-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ RALPH G SPONTAK</u>	<u>RALPH G SPONTAK, VP/CONT</u>	<u>3/20/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.