

1.) CORPORATION NAME:

**METROPOLITAN DIRECT PROPERTY AND  
CASUALTY INSURANCE COMPANY**

DUE DATE: **10/31/2012**

SCC ID NO: **F0383952**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	800

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**RI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO 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.

<p>NAME: WILLIAM D MOORE TITLE: PRES/CHRMN OTB ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT F NOSTRAMO TITLE: VP/GENL COUNSEL ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: VHONDA L RIDLEY TITLE: VICE PRESIDENT ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RALPH G SPONTAK TITLE: VP/CFO ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL C WALSH TITLE: SENIOR VP ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SUSAN A BUFFUM TITLE: VICE PRESIDENT ADDRESS: 10 PARK AVENUE CITY/ST/ZIP/CO: MORRISTOWN, NJ 07962</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL F CONVERY VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARLENE B DEBEL TREASURER 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN W DEEDE VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD P LONARDO VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK J SILVERMAN VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	INGRID E TOLENTINO VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAURA C TRAVERS SECRETARY/AGC 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTEN WHITE VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL E GAVIN DIRECTOR 700 QUAKER LANE WARWICK, RI 02886-6681	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT D KUCZMARSKI DIRECTOR 700 QUAKER LANE WARWICK, RI 02886-6681	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.			
/s/ WILLIAM D MOORE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM D MOORE, PRES/CHRMN OTB PRINTED NAME AND CORPORATE TITLE	10/25/2012 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.			