

1.) CORPORATION NAME:

METROPOLITAN CASUALTY INSURANCE COMPANY

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0418410**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CHRMN OTB		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		

NAME:	SUSAN A BUFFUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10 PARK AVENUE		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07962		

NAME:	RALPH G SPONTAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		

NAME:	MARLENE B DEBEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1095 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

NAME:	MICHAEL F CONVERY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		

NAME:	MARTIN W DEEDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT D KUCZMARSKI VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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:	ROBERT F LUNDGREN 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:	BARRY G MORPHIS 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:	ROBERT F NOSTRAMO VP/GENL COUNSEL 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VHONDA L RIDLEY 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:	MICHAEL C WALSH SENIOR VP 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:	PAUL E GAVIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		

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/ WILLIAM D MOORE</u>	<u>WILLIAM D MOORE, PRES/CHRMN</u>	<u>10/25/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	OTB 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.