

1.) CORPORATION NAME:

METROPOLITAN CASUALTY INSURANCE COMPANY

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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:	SCOTT D KUCZMARSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
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:	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:	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:	RICHARD P LONARDO	<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:	ROBERT F LUNDGREN	<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:	BARRY G MORPHIS	<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:	ROBERT F NOSTRAMO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GENL COUNSEL		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	VHONDA L RIDLEY	<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:	INGRID E TOLENTINO	<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:	MICHAEL C WALSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	CHRISTEN WHITE	<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:	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:	MAURA C TRAVERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/AGC		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
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> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>WILLIAM D MOORE, PRES/CHRMN OTB</u> PRINTED NAME AND CORPORATE TITLE	<u>10/29/2013</u> DATE
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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.