

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 802193 (3)

1. Corporation Name
ST. PAUL MERCURY INSURANCE COMPANY



Principal Place of Business: **385 WASHINGTON ST ST PAUL 2 MINNESOTA 55102**
Mailing Address: **385 WASHINGTON ST ST PAUL 2 MINNESOTA 55102**

3. Date Incorporated or Qualified: **05/13/1925** 3a. Date of Last Report: **05/01/1995**
4. FET Number: **41-0881659** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, NICHOLAS M.	
STREET ADDRESS	385 WASHINGTON STREET	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DYBDAL, R K	
STREET ADDRESS	13741 47TH ST C N	
CITY-ST-ZIP	STILLWATER MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BACKBERG, BRUCE A.	
STREET ADDRESS	385 WASHINGTON STREET	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALTON, H. E.	
STREET ADDRESS	1115 ELWAY ST #418	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEATHERDALE, D. W.	
STREET ADDRESS	MAPLE LEAF FARM	
CITY-ST-ZIP	LONG LAKE MN	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	THIELE, PATRICK A.	
STREET ADDRESS	3 EDGUMBE PL	
CITY-ST-ZIP	ST. PAUL MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V/S
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	900001750509
4.3 STREET ADDRESS	-03/20/96--01016--017
4.4 CITY-ST-ZIP	***200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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3-19**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward M. Gerber Edward M. Gerber 2/13/96 (612) 310-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E034 (12/95)

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Exhibit A

Title: S
Name: Edward M. Gerber
Street Address: 385 Washington Street
City-St-Zip: St. Paul, MN 55102