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

PROPIL CORPO (ATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ,

DIVISION OF CORPORATIONS

1996

802193

(3)

DOCUMENT #

ST. PAUL MERCURY INSURANCE COMPANY

Principal Place of Business 385 WASHINGTON ST ST PAUL 2 MINNESOTA 55102

2. Principal Place of Business

25

Suite, Apt. #, etc.

City & State

21

22

23

Zip 24

Mailing Address

2a. Mailing Address

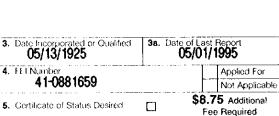
City & State

Suite, Apt. #, etc.

26

28

385 WASHINGTON ST ST PAUL 2 MINNESOTA 55102



٠.	Commence of States Bosines	LI	Fe
6.	Election Campaign Financing	<u></u>	\$5.
	Trust Fund Contribution	\sqcup	Add

lection Campaign Financing rust Fund Contribution			May Be to Fees
his corporation has liability for	intangible tax	under s	199.032,

		THOTICE	1 5.000.05		
		Libraria	Statutes	E"l Yes	s 🗌 No
Č	۶.	This c	orporation	nas liability for	intangiole tax un

25	29	30		Florida Statutes	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
			81	Name	
INSURANCE COMMISSIONER CAPITOL BUILDING			82	Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32304			83		
			84	City 85 Zip Code	

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

Country

4	, and accept the boligations of, Section 607.				
SIGNATURE	gnature, typed or printed name of registered agent and title if	appicable (NC	He Registered Agent signature to	3TAC (gottdamentating)	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
TITLE	D	☐ DELETE	1 1 TillE	☐ Chang	e 🔲 Addition
AME	BROWN, NICHOLAS M.		1.2 NAME		
TREET ADDRESS	385 WASHINGTON STREET		1.3 STREET ADDRESS		
ITY-ST-ZIP	ST. PAUL MN		1.4 CITY - ST-ZIP		
ITLE	Vī	DELETE	2 1 TITLE	Chang	e 🔲 Addition
AME	DYBDAL, R K		2.2 NAME		
TREET ADDRESS	13741 47TH ST C N		2 3 STREET ADDRESS		
CITY-ST-ZIP	STILLWATER MN		2 4 CITY - ST - 7IP		
TITLE	3	[] DELETE	3 1 TITLE	V/S X Chang	e 🔲 Addition
AME	BACKBERG, BRUCE A.		3.2 NAME	1,-	
TREE I ADDRESS	385 WASHINGTON STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		3.4 CITY - ST - ZIP		
TLE	D	DELETE	4 1 THLE	9000017505 05 -03/20/9601016017	e 🔲 Addition
IAME	DALTON, H. E.		4.2 NAME		
STREET ADDRESS	1115 ELWAY ST #418		4.3 STREET ADDRESS	***200 . 00	
DITY-ST-ZIP	ST. PAUL MN		4.4 CITY - \$1 - ZIP		
ITLE	DP	DELETE	5 1 TITLE	☐ Chang	e 🔲 Addition
NAME	LEATHERDALE, D. W.		5.2 NAME	:	
STREET ADDRESS	MAPLE LEAF FARM		5.3 STREET ADDRESS		
DITY-ST-ZIP	LONG LAKE MN		5.4 CITY - ST - ZIP		
ITLE	DV	☐ DELF1E	6. 1 TITLE	☐ Chang	e 🔲 Addition
IAME	THIELE, PATRICK A.		6.2 NAME	1	19
STREET ADORESS	3 EDGCUMBE PL		6 3 STREET ADDRESS		'
CHTY-ST-ZIP	ST. PAUL MN		64 CITY - ST. ZIP		

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 trusted 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:

NAME OF SIGNING OFFICER OR DIRECTOR

Edward M. Gerber

2/13/96 Date

(612) 310-7911

Dautime 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