

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 27 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 802193 (3)**  
1. Corporation Name  
**ST. PAUL MERCURY INSURANCE COMPANY**



Principal Place of Business <b>385 WASHINGTON ST ST PAUL 2 MINNESOTA 55102</b>	Mailing Address <b>385 WASHINGTON ST ST PAUL 2 MINNESOTA 55102-1309</b>
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3. Date Incorporated or Qualified <b>05/13/1925</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>41-0881659</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<b>BROWN, NICHOLAS M.</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>385 WASHINGTON STREET</b>
STREET ADDRESS	<b>ST. PAUL MN</b>
CITY-STATE-ZIP	
TITLE <b>VT</b>	<b>DYBDAL, R K</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>13741 47TH ST C N</b>
STREET ADDRESS	<b>STILLWATER MN</b>
CITY-STATE-ZIP	
TITLE <b>VS</b>	<b>BACKBERG, BRUCE A.</b> <input type="checkbox"/> DELETE
NAME	<b>385 WASHINGTON STREET</b>
STREET ADDRESS	<b>ST. PAUL MN</b>
CITY-STATE-ZIP	
TITLE <b>D</b>	<b>DALTON, H. E.</b> <input type="checkbox"/> DELETE
NAME	<b>1115 ELWAY ST #418</b>
STREET ADDRESS	<b>ST. PAUL MN</b>
CITY-STATE-ZIP	
TITLE <b>DP</b>	<b>LEATHERDALE, D. W.</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MAPLE LEAF FARM</b>
STREET ADDRESS	<b>LONG LAKE MN</b>
CITY-STATE-ZIP	
TITLE <b>S</b>	<b>GERBER, EDWARD M</b> <input type="checkbox"/> DELETE
NAME	<b>385 WASHINGTON ST</b>
STREET ADDRESS	<b>ST PAUL MN 55102</b>
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Liska, P.J.</b>	
1.3 STREET ADDRESS <b>385 Washington Street</b>	
1.4 CITY-STATE-ZIP <b>St. Paul, MN 55102</b>	
2.1 TITLE <b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Swanson, D.J.</b>	
2.3 STREET ADDRESS <b>385 Washington Street</b>	
2.4 CITY-STATE-ZIP <b>St. Paul, MN 55102</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Thiele, P.A.</b>	
5.3 STREET ADDRESS <b>385 Washington Street</b>	
5.4 CITY-STATE-ZIP <b>St. Paul, MN 55102</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, Asst Corp Secy 3/19/97 612-310-7911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)