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**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90170 025 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 802193

1. Corporation Name  
**ST. PAUL MERCURY INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

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  
 4. FEI 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 St. Paul MN Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 St. Paul MN 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 City: 84 FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	LISKA, P.J.	
STREET ADDRESS	385 WASHINGTON ST.	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, D.J.	
STREET ADDRESS	385 WASHINGTON ST.	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BACKBERG, BRUCE A.	
STREET ADDRESS	385 WASHINGTON STREET	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DALTON, H. E.	
STREET ADDRESS	385 WASHINGTON ST	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THIELE, P.A.	
STREET ADDRESS	385 WASHINGTON ST.	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GERBER, EDWARD M	
STREET ADDRESS	385 WASHINGTON ST	
CITY-ST-ZIP	ST PAUL MN 55102	

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	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas A. Bradley	
2.3 STREET ADDRESS	385 Washington St.	
2.4 CITY-ST-ZIP	St. Paul, MN 55102	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gary P. Hanson	
4.3 STREET ADDRESS	385 Washington St.	
4.4 CITY-ST-ZIP	St. Paul MN 55102	
5.1 TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Douglas W. Leatherdale	
5.3 STREET ADDRESS	385 Washington St.	
5.4 CITY-ST-ZIP	St. Paul MN 55102	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sandra Ulsaker Wiese	
6.3 STREET ADDRESS	385 Washington St.	
6.4 CITY-ST-ZIP	St. Paul MN 55102	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Sandra Ulsaker Wiese Date: 3/16/99 651-310-8506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)