

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804957

FILED  
Mar 26, 2012  
Secretary of State

Entity Name: ST. PAUL PROTECTIVE INSURANCE COMPANY

**Current Principal Place of Business:**

200 NORTH LASALLE STREET  
SUITE 2200  
CHICAGO, IL 60601 US

**New Principal Place of Business:**

161 N. CLARK STREET  
SUITE 900  
CHICAGO, IL 60601 US

**Current Mailing Address:**

385 WASHINGTON ST.  
MAIL CODE NB16L  
ST. PAUL, MN 55102 US

**New Mailing Address:**

FEI Number: 36-2542404      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: MACLEAN, BRIAN W  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: T  
Name: OLIVO, MARIA  
Address: 485 LEXINGTON AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: S  
Name: SKJERVEN, WENDY C  
Address: 385 WASHINGTON ST.  
City-St-Zip: ST. PAUL, MN 55102

Title: D  
Name: KLEIN, MICHAEL F  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: D  
Name: BENET, JAY S  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: D  
Name: COSTELLO, JOHN  
Address: 161 N. CLARK STREET  
City-St-Zip: CHICAGO, IL 60601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WENDY C. SKJERVEN

S

03/26/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date