

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802193

Entity Name: ST. PAUL MERCURY INSURANCE COMPANY**Current Principal Place of Business:**ONE TOWER SQUARE
HARTFORD, CT 06183**Current Mailing Address:**ONE TOWER SQUARE
HARTFORD, CT 06183 US**FEI Number:** 41-0881659**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

Title	T
Name	RUSSELL, DOUGLAS K
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	D, VC
Name	HEYMAN, WILLIAM H
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	PRESIDENT, DIRECTOR
Name	SEMINARA, NICHOLAS
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DIRECTOR
Name	TOCZYDLOWSKI, GREG C
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

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

Title	CFO, DIRECTOR
Name	FREY, DANIEL S
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DIRECTOR
Name	KALLA, CHRISTINE K.
Address	385 WASHINGTON STREET
City-State-Zip:	ST. PAUL MN 55102

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**SECRETARY****03/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date