2016 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:

385 WASHINGTON ST MC: 9275-LC12L

ST PAUL, MN 55102 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

FILED Apr 28, 2016

Secretary of State

CC7617855427

Officer/Director Detail:

Title T Title S

Name OLIVO, MARIA Name SKJERVEN, WENDY C

Address 485 LEXINGTON AVENUE Address 385 WASHINGTON STREET

City-State-Zip: NEW YORK NY 10017 City-State-Zip: ST. PAUL MN 55102

Title D Title D

Name HEYMAN, WILLIAM H Name BENET, JAY S

Address 385 WASHINGTON ST Address ONE TOWER SQUARE
City-State-Zip: SAINT PAUL MN 55102 City-State-Zip: HARTFORD CT 06183

Title DCEO Title DIRECTOR

NameMACLEAN, BRIAN WNameSPADORCIA, DOREENAddressONE TOWER SQUAREAddressONE TOWER SQUARECity-State-Zip:HARTFORD CT 06183City-State-Zip:HARTFORD CT 06183

Title DIRECTOR Title DIRECTOR

NameSPENCE, KENNETH F. IIINameTOCZDLOWSKI, GREG CAddress385 WASHINGTON STREETAddressONE TOWER SQUARECity-State-Zip:ST. PAUL MN 55102City-State-Zip: HARTFORD CT 06183

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

04/28/2016