

2013 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
NB16L
ST PAUL, MN 55102

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 OLIVO, MARIA
Address 485 LEXINGTON AVENUE
City-State-Zip: NEW YORK NY 10017

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

Title D
Name HEYMAN, WILLIAM H
Address 385 WASHINGTON ST
City-State-Zip: SAINT PAUL MN 55102

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

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

Title DIRECTOR
Name SPADORCIA, DOREEN
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR
Name SPENCE, KENNETH F. III
Address 385 WASHINGTON STREET
City-State-Zip: ST. PAUL MN 55102

Title DIRECTOR
Name TOCZDLOWSKI, GREG C
Address ONE TOWER SQUARE
City-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

**CORPORATE
SECRETARY**

04/03/2013

Electronic Signature of Signing Officer/Director Detail

Date