

**2018 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**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	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**SECRETARY****03/27/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date