FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **802193** **(3)**

1. Corporation Name
ST. PAUL MERCURY INSURANCE COMPANY

Principal Place of Business	Mailing Address
385 WASHINGTON ST ST PAUL 2 MINNESOTA 55102	385 WASHINGTON ST ST PAUL 2 MINNESOTA 55102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/13/1925**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **41-0681659** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	LUIS, J. B.	12 NAME	Nicholas M. Brown, Jr.	
STREET ADDRESS	175 E. COUNTY ROAD B-2	13 STREET ADDRESS	385 Washington Street	
CITY ST ZIP	ST PAUL, MN 00000	14 CITY ST ZIP	St. Paul, MN 55102	
TITLE	VT	21 TITLE		☐ Change ☐ Addition
NAME	DYBDAL, R K	22 NAME		
STREET ADDRESS	13741 47TH ST C N	23 STREET ADDRESS		
CITY ST ZIP	STILLWATER MN	24 CITY ST ZIP		
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	ZICCARELLI, P. D.	32 NAME	Bruce A. Backberg	
STREET ADDRESS	707 E. NEVADA AVENUE	33 STREET ADDRESS	385 Washington Street	
CITY ST ZIP	ST PAUL, MN 00000	34 CITY ST ZIP	St. Paul, MN 55102	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DALTON, H. E.	42 NAME		
STREET ADDRESS	1115 ELWAY ST #418	43 STREET ADDRESS		
CITY ST ZIP	ST. PAUL MN	44 CITY ST ZIP		
TITLE	DP	51 TITLE		☐ Change ☐ Addition
NAME	LEATHERDALE, D. W.	52 NAME		
STREET ADDRESS	MAPLE LEAF FARM	53 STREET ADDRESS		
CITY ST ZIP	LONG LAKE MN	54 CITY ST ZIP		
TITLE	D	61 TITLE	DV	☒ Change ☐ Addition
NAME	THIELE, PATRICK A.	62 NAME		
STREET ADDRESS	3 EDGCUMBE PL	63 STREET ADDRESS		
CITY ST ZIP	ST. PAUL MN	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Bruce A. Backberg, Corp. Secy. 4/13/95 612-221-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477900 FP