

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 802193 (3)
 1. Corporation Name
ST. PAUL MERCURY INSURANCE COMPANY

Principal Place of Business 385 WASHINGTON ST ST PAUL 2 MINNESOTA 55102	Mailing Address 385 WASHINGTON ST ST PAUL 2 MINNESOTA 55102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1925	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-0881659	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISKA, P.J.	1.2 NAME	
STREET ADDRESS	385 WASHINGTON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, D.J.	2.2 NAME	
STREET ADDRESS	385 WASHINGTON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKBERG, BRUCE A.	3.2 NAME	
STREET ADDRESS	385 WASHINGTON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, H. E.	4.2 NAME	
STREET ADDRESS	1115 ELWAY ST #418	4.3 STREET ADDRESS	385 Washington St.
CITY-ST-ZIP	ST. PAUL MN	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIELE, P.A.	5.2 NAME	
STREET ADDRESS	385 WASHINGTON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, EDWARD M	6.2 NAME	
STREET ADDRESS	385 WASHINGTON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN 55102	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Edward M. Gerber*

CR2E034 (10/97)