# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2004**
**Secretary of State**

DOCUMENT# 804957

**Entity Name:** ST. PAUL PROTECTIVE INSURANCE COMPANY

**Current Principal Place of Business:**

500 MADISON ST
STE 2600
CHICAGO, IL 60661 US

**New Principal Place of Business:**

**Current Mailing Address:**

385 WASHINGTON ST.
MAIL CODE 515A
ST. PAUL, MN 55102 US

**New Mailing Address:**

**FEI Number: 36-2542404** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CPD ( ) Delete
Name: MILLER, TIMOTHY M
Address: 385 WASHINGTON ST.
City-St-Zip: ST. PAUL, MN 55102

Title: D ( ) Delete
Name: CHODORA, GREGORY T
Address: 500 WEST MADISON STREET
City-St-Zip: CHICAGO, IL 60661

Title: VS ( ) Delete
Name: BACKBERG, BRUCE A
Address: 385 WASHINGTON ST.
City-St-Zip: ST. PAUL, MN 55102

Title: D ( ) Delete
Name: SCOTT, JOHN G
Address: 500 W. MADISON STREET
City-St-Zip: CHICAGO, IL 60661

Title: VT ( ) Delete
Name: MCDONOUGH, PAUL H
Address: 385 WASHINGTON ST
City-St-Zip: ST. PAUL, MN 55102

Title: VD ( ) Delete
Name: TREACY, JOHN C
Address: 385 WASHINGTON ST.
City-St-Zip: ST. PAUL, MN 55102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CHODORA, GREGORY T
Address: 500 W. MADISON STREET
City-St-Zip: CHICAGO, IL 60661

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE A. BACKBERG VS 03/25/2004

Electronic Signature of Signing Officer or Director Date

JOHN C. ROCHE - DIRECTOR
500 W. MADISON STREET
CHICAGO, IL 60661