

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804957

FILED
Mar 09, 2011
Secretary of State

Entity Name: ST. PAUL PROTECTIVE INSURANCE COMPANY

Current Principal Place of Business:

200 NORTH LASALLE STREET
SUITE 2200
CHICAGO, IL 60601 US

New Principal Place of Business:

Current Mailing Address:

385 WASHINGTON ST.
MAIL CODE NB16L
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

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

Title: T
Name: OLIVO, MARIA
Address: 485 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10017

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

Title: D
Name: KLEIN, MICHAEL F
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

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

Title: D
Name: COSTELLO, JOHN
Address: 200 NORTH LASALLE STREET
City-St-Zip: CHICAGO, IL 60601

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

S

03/09/2011

Electronic Signature of Signing Officer or Director

Date