2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 805146

Entity Name: ST. PAUL FIRE AND MARINE INSURANCE COMPANY

Current Principal Place of Business:

385 WASHINGTON ST
MAIL CODE NB15A
ST PAUL, MN 55102

New Principal Place of Business:

385 WASHINGTON ST
MAIL CODE NB16L
ST PAUL, MN 55102

Current Mailing Address:

385 WASHINGTON ST
MAIL CODE NB15A
ST PAUL, MN 55102

New Mailing Address:

385 WASHINGTON ST
MAIL CODE NB16L
ST PAUL, MN 55102

FEI Number: 41-0406690 **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 32399 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:	S	( ) Delete
Name:	BACKBERG, BRUCE A.	
Address:	385 WASHINGTON STREET	
City-St-Zip:	ST. PAUL, MN 55102	
Title:	DCP	( ) Delete
Name:	MACLEAN, BRIAN W	
Address:	ONE TOWER SQUARE	
City-St-Zip:	HARTFORD, CT 06183	
Title:	T	( ) Delete
Name:	RUSSELL, DOULGAS K	
Address:	ONE TOWER SQUARE	
City-St-Zip:	HARTFORD, CT 06183	
Title:	D	( ) Delete
Name:	LACHER, JOSEPH P	
Address:	ONE TOWER SQUARE	
City-St-Zip:	HARTFORD, CT 06183	
Title:	D	( ) Delete
Name:	HEYMAN, WILLIAM H	
Address:	385 WASHINGTON ST	
City-St-Zip:	ST PAUL, MN 55102	
Title:	D	( ) Delete
Name:	BESSETTE, ANDY F	
Address:	385 WASHINGTON STREET	
City-St-Zip:	ST. PAUL, MN 55102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	S	(X) Change ( ) Addition
Name:	SKJERVEN, WENDY C	
Address:	385 WASHINGTON STREET	
City-St-Zip:	ST. PAUL, MN 55102	
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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WENDY C. SKJERVEN S 03/26/2009

Electronic Signature of Signing Officer or Director — Date