## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 827989** 

FILED Mar 27, 2012 Secretary of State

Entity Name: ST. PAUL GUARDIAN INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

ONE TOWER SQUARE HARTFORD, CT 06183

Current Mailing Address: New Mailing Address:

385 WASHINGTON ST MAIL CODE NB16L ST PAUL, MN 55102

FEI Number: 41-0963301 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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: DCP

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

Title: S

 Name:
 SKJERVEN, WENDY C

 Address:
 385 WASHINGTON STREET

 City-St-Zip:
 ST. PAUL, MN 55102

Title: D

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

Title:

Name: OLIVO, MARIA

Address: 485 LEXINGTON AVENUE City-St-Zip: NEW YORK, NY 10017

Title: [

 Name:
 SPENCE, KENNETH F III

 Address:
 385 WASHINGTON STREET

 City-St-Zip:
 ST. PAUL, MN 55102

Title:

 Name:
 HEYMAN, WILLIAM H

 Address:
 385 WASHINGTON STREET

 City-St-Zip:
 ST. PAUL, MN 55102

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 03/27/2012