F95000004825

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

500001600575
-10/05/95--01026--006
*****78.75 *****78.75

SUBJECT: St. Paul Medical Liability Insurance Company
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristin Vann
(Name of Person)

The St. Paul Companies, Inc.
(Firm/Company)

385 Washington Street
(Address)

St. Paul, MN 55102
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

Kristin Vann (Name of Person) at (612) 310-6960 (Area Code & Daytime Telephone Number).

COURIER ADDRESS:

Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

The St Paul

St. Paul Fire and Marine
Insurance Company
385 Washington Street
St Paul, Minnesota 55102-1396
Telephone 612.221.7911

Kristin Vann
Sr. Legal Analyst
Mail Code 515A
385 Washington St.
St. Paul, MN 55102
Phone: (612) 310-6960
Fax: (612) 221-8204

September 28, 1995

Division of Corporation
Florida Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

RE: **COMPANY LICENSE APPLICATION: St. Paul Medical Liability Insurance Company**

To Whom It May Concern:

The above-mentioned company will be applying for certificate of authority in Florida. As part of your state's requirements, we are requesting a certificate of status.

Enclosed please find the following item in accordance with your state's requirements:

1	Original Certificate of Good Standing evidencing corporate existence.
1	Transmittal Letter form
1	Application by Foreign Corporation for Authorization to Transact Business in Florida
1	Check for filing fee in the amount of $78.75

If there are any questions, please feel free to contact me.

Sincerely,

Kristin Vann

Kristin Vann
Senior Legal Analyst

KV/kg
Enclosures

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. St. Paul Medical Liability Insurance Company
(Name of corporation: must include the word "INCORPORATED", "COMPANY" "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Minnesota
(State or country under the law of which it is incorporated)

3. 41-1435766
(FEI number, if applicable)

4. December 10, 1982
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. This company has not transacted any business in Florida
(Date first transacted business in Florida. *(See sections 607.1501, 607.1502, and 817.155, F.S.)*

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7. 385 Washington Street
St. Paul, MN 55102
(Current mailing address)

8. See attached statement of purpose
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

Name: Insurance Commissioner

Office Address: Capitol

Tallahassee, Florida, 32399-0300
(Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Insurance Commissioner
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. **DIRECTORS** (Please see attached list)

Chairman: Douglass W. Leatherdale

Address: _____

_____

Vice Chairman: N/A

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. **OFFICERS** (Please see attached list)

President: Joseph B. Nardi

Address: _____

_____

Vice President: Patrick A. Thiele

Address: _____

_____

Secretary: Bruce A. Backberg

Address: _____

_____

Treasurer: R.K. Dybdal

Address: _____

_____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bruce Backberg, Vice President and Corporate Secretary
(Typed or printed name and capacity of person signing application)

STATEMENT OF PURPOSE

The purpose of SPMLIC is to write such property and casualty insurance coverages as it is authorized by law to transact in the states where admitted to do business.

ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY
385 Washington Street
St. Paul, MN 55201
(address for all persons listed below)

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BOARD OF DIRECTORS

Albrecht, Susan J.
Brown, Nicholas M., Jr.
Conroy, Micheal J.
Dalton, H.E.
Hanson, Gary P.
Klingel, Stephen J.
Leatherdale, D. W.
Nardi, Joseph B.
Nelson, J. R.
Schulte, James A.
Thiele, P. A.

OFFICERS

Anderson, Bryan V.	Vice President-Operations
Backberg, Bruce A.	Vice President and Corporate Secretary
Coderre, John J., Jr.	Vice President
Douglass, A. I.	Senior Vice President & General Counsel
Dybdal, R. K.	Vice President & Treasurer
Gerber, Edward M.	Assistant Corporate Secretary
Leatherdale, Douglas W.	Chairman & C.E.O.
Lyle, Aileen C.	Vice President-Medical Services
Morse, Timothy R.	Vice President-Health Care Professionals
Nardi, Joseph B.	President & C.O.O.
Pfeiffer, Richard G.	Vice President-Health Care Facilities (MSD)
Phillips, Maureen A.	Vice President
Powers, Mary	Statutory Reporting Officer
Schugel, Therese L.	Vice President-Medical Services Marketing
Solberg, Eric A.	Vice President-Actuarial and Underwriting
Stegeman, Ronald L.	Vice President-Major Accounts (MSD)
Swanson, Donald J.	Vice President & Controller
Thiele, Patrick A.	Exec. Vice President & Chief Financial Officer
Thrane, Peter H.	Senior Legal Officer
Wulterkens, Paul E.	Vice President-Corporate Actuarial

State of Minnesota

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Certificate of Good Standing

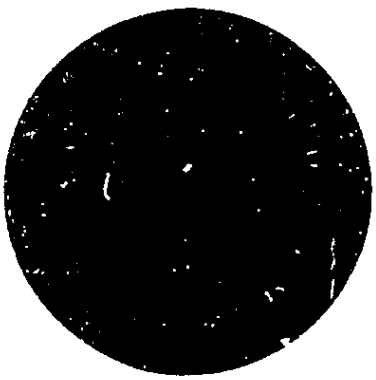
I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: St. Paul Medical Liability Insurance Company

Date Formed: 12/10/1982

Chapter Governed By: 300

This certificate has been issued on 09/19/95.



Joan Anderson Growe
Secretary of State.