

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000004825**

1. Entity Name

ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY**FILED****May 20, 2000 8:00 am**
Secretary of State

05-20-2000 90013 001 *1,800.00

15129

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**385 WASHINGTON ST.
ST. PAUL MN 55102****385 WASHINGTON ST.
ST. PAUL MN 55102-1309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1435766

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **KLINGEL, STEPHEN J**
STREET ADDRESS **385 WASHINGTON ST.**
CITY-ST-ZIP **ST. PAUL MN 55102**TITLE **VT** ☐ Change ☒ Addition
NAME **BERGMANN, THOMAS E.**
STREET ADDRESS **385 WASHINGTON STREET**
CITY-ST-ZIP **ST. PAUL, MN 55102**TITLE **DV** ☐ Delete
NAME **LISKA, P.J.**
STREET ADDRESS **385 WASHINGTON ST.**
CITY-ST-ZIP **ST. PAUL MN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VT** ☐ Delete
NAME **BRADLEY, THOMAS A**
STREET ADDRESS **385 WASHINGTON ST.**
CITY-ST-ZIP **ST. PAUL MN**TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **BACKBERG, BRUCE A**
STREET ADDRESS **385 WASHINGTON ST.**
CITY-ST-ZIP **ST. PAUL MN 55102**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **WIESE, SANDRA U**
STREET ADDRESS **385 WASHINGTON ST.**
CITY-ST-ZIP **ST. PAUL MN 55102**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☒ Delete
NAME **NARDI, J B**
STREET ADDRESS **385 WASHINGTON ST.**
CITY-ST-ZIP **ST. PAUL MN 55102**TITLE **DC** ☐ Change ☒ Addition
NAME **LEATHERDALE, DOUGLAS W.**
STREET ADDRESS **385 WASHINGTON STREET**
CITY-ST-ZIP **ST. PAUL, MN 55102**

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Ulsaker Wiese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Sandra Ulsaker Wiese**

Date

1/28/00**651-310-8506**

Daytime Phone #