2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **F95000004825**

1. Entity Name
ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
385 WASHINGTON ST.	385 WASHINGTON ST.
ST. PAUL MN 55102	ST. PAUL MN 55102

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **41-1435766** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL
32301 US

7. Name and Address of New Registered Agent

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 _____ **04/23/2001**
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, 2001 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	DC	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	LEATHERDALE DOUGLAS W			NAME			
STREET ADDRESS	385 WASHINGTON ST			STREET ADDRESS			
CITY-ST-ZIP	ST. PAUL MN 55102			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE	DV	☒ Change	☐ Addition
NAME	WIESE SANDRA U			NAME	MILLER TIMOTHY M		
STREET ADDRESS	385 WASHINGTON ST.			STREET ADDRESS	385 WASHINGTON ST.		
CITY-ST-ZIP	ST. PAUL MN 55102			CITY-ST-ZIP	ST. PAUL MN 55102		
TITLE	V	☐ Delete		TITLE	VS	☒ Change	☐ Addition
NAME	BACKBERG BRUCE A			NAME	BACKBERG BRUCE A		
STREET ADDRESS	385 WASHINGTON ST.			STREET ADDRESS	385 WASHINGTON ST.		
CITY-ST-ZIP	ST. PAUL MN 55102			CITY-ST-ZIP	ST. PAUL MN 55102		
TITLE	V	☐ Delete		TITLE	V	☒ Change	☐ Addition
NAME	BRADLEY THOMAS A			NAME	BRADLEY THOMAS A		
STREET ADDRESS	385 WASHINGTON ST.			STREET ADDRESS	385 WASHINGTON ST.		
CITY-ST-ZIP	ST. PAUL MN			CITY-ST-ZIP	ST. PAUL MN 55102		
TITLE	DV	☐ Delete		TITLE	DV	☒ Change	☐ Addition
NAME	LISKA P.J.			NAME	LAMENDOLA ROBERT J		
STREET ADDRESS	385 WASHINGTON ST.			STREET ADDRESS	385 WASHINGTON ST.		
CITY-ST-ZIP	ST. PAUL MN			CITY-ST-ZIP	ST. PAUL MN 55102		
TITLE	VT	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	BERGMANN THOMAS E			NAME			
STREET ADDRESS	385 WASHINGTON ST.			STREET ADDRESS			
CITY-ST-ZIP	ST. PAUL MN 55102			CITY-ST-ZIP			

CR2E034 (11/00)

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: BRUCE A. BACKBERG VS 04/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #