

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000004825

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY

Current Principal Place of Business:

385 WASHINGTON ST.
ST. PAUL, MN 55102

New Principal Place of Business:

Current Mailing Address:

385 WASHINGTON ST.
ST. PAUL, MN 55102

New Mailing Address:

FEI Number: 41-1435766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: BERGMANN, THOMAS E
Address: 385 WASHINGTON ST.
City-St-Zip: ST. PAUL, MN 55102

Title: DV () Delete
Name: LAMENDOLA, ROBERT J
Address: 385 WASHINGTON ST.
City-St-Zip: ST. PAUL, MN 55102

Title: V () Delete
Name: BRADLEY, THOMAS A
Address: 385 WASHINGTON ST.
City-St-Zip: ST. PAUL, MN 55102

Title: VS () Delete
Name: BACKBERG, BRUCE A
Address: 385 WASHINGTON ST.
City-St-Zip: ST. PAUL, MN 55102

Title: DV () Delete
Name: MILLER, TIMOTHY M
Address: 385 WASHINGTON ST.
City-St-Zip: ST. PAUL, MN 55102

Title: DC () Delete
Name: LEATHERDALE, DOUGLAS W
Address: 385 WASHINGTON ST
City-St-Zip: ST. PAUL, MN 55102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change () Addition
Name: MCDONOUGH, PAUL H
Address: 385 WASHINGTON ST.
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: DC (X) Change () Addition
Name: FISHMAN, JAY S
Address: 385 WASHINGTON ST
City-St-Zip: ST. PAUL, MN 55102

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE A. BACKBERG

VS

04/30/2002

Electronic Signature of Signing Officer or Director

Date