## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F95000004825

Apr 30, 2002 8:00 AM Secretary of State

Entity Name: ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY

**Current Principal Place of Business: New Principal Place of Business:** 385 WASHINGTON ST. ST. PAUL, MN 55102 **Current Mailing Address: New Mailing Address:** 385 WASHINGTON ST ST. PAUL, MN 55102 FEI Number: 41-1435766 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 32301 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition BERGMANN, THOMAS E MCDONOUGH, PAUL H Name: Name: 385 WASHINGTON ST. 385 WASHINGTON ST. Address: Address: City-St-Zip: ST. PAUL, MN 55102 City-St-Zip: ST. PAUL, MN 55102 DV Title: () Change () Addition Title: () Delete LAMENDOLA, ROBERT J Name: Name: 385 WASHINGTON ST. Address: Address: ST. PAUL, MN 55102 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BRADLEY, THOMAS A Name: Name: 385 WASHINGTON ST. Address: Address: ST. PAUL, MN 55102 City-St-Zip: City-St-Zip: Title: ٧S () Delete Title: () Change () Addition BACKBERG, BRUCE A Name: Name: Address: 385 WASHINGTON ST. Address: City-St-Zip: ST. PAUL, MN 55102 City-St-Zip: Title: Title: () Delete () Change () Addition MILLER, TIMOTHY M Name: Name: 385 WASHINGTON ST. Address: Address: City-St-Zip: ST. PAUL, MN 55102 City-St-Zip: Title: () Delete Title: DC (X) Change ( ) Addition LEATHERDALE, DOUGLAS W Name: Name: FISHMAN, JAY S 385 WASHINGTON ST 385 WASHINGTON ST Address: Address: City-St-Zip: ST. PAUL. MN 55102 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),

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

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