

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004825

FILED  
Mar 28, 2012  
Secretary of State

Entity Name: ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY

**Current Principal Place of Business:**

ONE TOWER SQUARE  
HARTFORD, CT 06183

**New Principal Place of Business:**

**Current Mailing Address:**

385 WASHINGTON ST.  
NB16L  
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

**OFFICERS AND DIRECTORS:**

Title: T  
Name: OLIVO, MARIA  
Address: 485 LEXINGTON AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: DCEO  
Name: MACLEAN, BRIAN W  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: D  
Name: SPADORCIA, DOREEN  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: S  
Name: SKJERVEN, WENDY C  
Address: 385 WASHINGTON ST.  
City-St-Zip: ST. PAUL, MN 55102

Title: D  
Name: BENET, JAY S  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: D  
Name: SPENCE, KENNETH F III  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102

I hereby 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 all other like empowered.

SIGNATURE: WENDY C. SKJERVEN

S

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date