

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802193

Entity Name: ST. PAUL MERCURY INSURANCE COMPANY**Current Principal Place of Business:**ONE TOWER SQUARE
HARTFORD, CT 06183**Current Mailing Address:**ONE TOWER SQUARE
HARTFORD, CT 06183 US**FEI Number:** 41-0881659**Certificate of Status Desired:** No**Name and Address of Current 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**Officer/Director Detail :**

Title	TREASURER
Name	MILLS , LARRY
Address	385 WASHINGTON STREET
City-State-Zip:	ST. PAUL MN 55102

Title	CORPORATE SECRETARY
Name	SKJERVEN, WENDY C
Address	385 WASHINGTON STREET
City-State-Zip:	ST. PAUL MN 55102

Title	DIRECTOR
Name	HEYMAN, WILLIAM HERBERT
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DIRECTOR
Name	FREY, DANIEL S
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	PRESIDENT, DIRECTOR
Name	SEMINARA, NICHOLAS
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DIRECTOR
Name	KALLA, CHRISTINE K.
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DIRECTOR
Name	TOCZYDLOWSKI, GREG C
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

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**CORPORATE
SECRETARY****01/12/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date