2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2019
Secretary of State
7888712482CC

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Entity Name: ST. PAUL PROTECTIVE INSURANCE COMPANY

Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

Current Mailing Address:

385 WASHINGTON ST.
MC: 9275-LC12L
ST. PAUL, MN 55102 US

FEI Number: 36-2542404

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	CPD
Name	SEMINARA, NICHOLAS
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

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

Title	DIRECTOR
Name	HEYMAN, WILLIAM H
Address	385 WASHINGTON STREET
City-State-Zip:	ST. PAUL MN 55102

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

Title	T
Name	RUSSELL, DOUGLAS
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

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

Title	DIRECTOR
Name	KALLA, CHRISTINE
Address	385 WASHINGTON STREET
City-State-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 SECRETARY 03/11/2019

Electronic Signature of Signing Officer/Director Detail — Date