

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804957

Entity Name: ST. PAUL PROTECTIVE 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:** 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 PRESIDENT, DIRECTOR
Name SEMINARA, NICHOLAS
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

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

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

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

Title DIRECTOR, VC
Name HEYMAN, WILLIAM H
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

Title DIRECTOR
Name TOCZYDLOWSKI, GREGORY 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: NICHOLAS SEMINARA

PRESIDENT

03/03/2023

Electronic Signature of Signing Officer/Director Detail_____
Date