

ST PAUL TRAVELERS COMPANIES INC
 Form 3
 January 31, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â ST PAUL TRAVELERS COMPANIES INC			(Month/Day/Year)	XTENT INC [XTNT]	
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
385 WASHINGTON STREET,Â				(Check all applicable)	
(Street)				<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
ST. PAUL,Â MNÂ 55102				<input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Form filed by One Reporting Person
(City)	(State)	(Zip)			<input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

				Shares		or Indirect (I) (Instr. 5)	
Series B Preferred Stock	Â (1)	Â (2)	Common Stock	1,263,297	\$ (1)	I	by St. Paul Venture Capital VI, LLC (3)
Series C Preferred Stock	Â (1)	Â (2)	Common Stock	1,014,760	\$ (1)	I	by St. Paul Venture Capital VI, LLC (3)
Series D Preferred Stock	Â (1)	Â (2)	Common Stock	337,078	\$ (1)	I	by St. Paul Venture Capital VI, LLC (3)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ST PAUL TRAVELERS COMPANIES INC 385 WASHINGTON STREET ST. PAUL, MN 55102	Â	Â X	Â	Â
ST PAUL FIRE & MARINE INSURANCE CO 385 WASHINGTON STREET ST. PAUL, MN 55102	Â	Â X	Â	Â
Split Rock Partners LLC 10400 VIKING DR SUITE 550 EDEN PRAIRIE, MN 55344	Â	Â X	Â	Â
ST PAUL VENTURE CAPITAL VI LLC 10400 VIKING DR STE 550 EDEN PRAIRIE, MN 55344	Â	Â X	Â	Â

Signatures

/s/ Bruce A. Backberg, Senior Vice President, St. Paul Travelers Companies, Inc.

01/31/2007

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) See Exhibit 99.2 for footnote disclosure.
- (2) See Exhibit 99.2 for footnote disclosure.
- (3) See Exhibit 99.2 for footnote disclosure.

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Remarks:

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The Date of Event is based upon the date of effectiveness of the Issuer's Registration Statement on

See Exhibit 99.1 for joint filer information.

See Exhibit 99.2 for footnote disclosure.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.