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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 JAN 31 AM 8:37

DOCUMENT # 853453 (9)

1. Corporation Name
VANLINER INSURANCE COMPANY

Principal Place of Business	Mailing Address
2929 N. 44TH STREET 120 PHOENIX AZ 85018 US	ONE UNITED DRIVE SUITE 120 FENTON MO 63026 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1982
3a. Date of Last Report: 02/02/1994
4. FEI Number: 86-0114294 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 N/A
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FLORIDA FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	YATES, DANIEL E.	1.2 NAME	Golder, Morton I.
STREET ADDRESS	ONE UNITED DR.	1.3 STREET ADDRESS	One United Dr.
CITY-ST-ZIP	FENTON MO	1.4 CITY-ST-ZIP	Fenton, MO 63026
TITLE	T	2.1 TITLE	Vice President ☐ Change ☒ Addition
NAME	BACHMANN, WILLIAM C.	2.2 NAME	Luepke, Thomas
STREET ADDRESS	ONE UNITED DR.	2.3 STREET ADDRESS	One United Dr.
CITY-ST-ZIP	FENTON MO	2.4 CITY-ST-ZIP	Fenton, MO 63026
TITLE	S	3.1 TITLE	Vice President ☐ Change ☒ Addition
NAME	WEIR, DAVID T.	3.2 NAME	Preston, Gale, D.
STREET ADDRESS	ONE UNITED DR.	3.3 STREET ADDRESS	One United Dr.
CITY-ST-ZIP	FENTON MO	3.4 CITY-ST-ZIP	Fenton, MO 63026
TITLE	AS	4.1 TITLE	Director ☐ Change ☒ Addition
NAME	LINDENBERGER, RICHARD B.	4.2 NAME	McCollister, H. Daniel
STREET ADDRESS	ONE UNITED DR.	4.3 STREET ADDRESS	One United Dr.
CITY-ST-ZIP	FENTON MO	4.4 CITY-ST-ZIP	Fenton, MO 63026
TITLE	D	5.1 TITLE	Director ☐ Change ☒ Addition
NAME	GREENBLATT, MAURICE	5.2 NAME	Springer, Clyde
STREET ADDRESS	ONE UNITED DR.	5.3 STREET ADDRESS	One, United Drive
CITY-ST-ZIP	FENTON MO	5.4 CITY-ST-ZIP	Fenton, MO 63026
TITLE	D	6.1 TITLE	Director ☐ Change ☒ Addition
NAME	STADLER, GERALD P.	6.2 NAME	McDaniel, Charles
STREET ADDRESS	ONE UNITED DR.	6.3 STREET ADDRESS	One United Dr.
CITY-ST-ZIP	FENTON MO	6.4 CITY-ST-ZIP	Fenton, MO 63026

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption stated in 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William C Bachmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William C. Bachmann — 1-23-95 — 314-349-9889

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