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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853453

1. Corporation Name

VANLINER INSURANCE COMPANY

Principal Place of Business

**ONE PERIMETER DRIVE
ST LOUIS MO 63026
US**

Mailing Address

**ONE UNITED DRIVE
FENTON MO 63026
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1982

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 One Premier Drive

Suite, Apt. #, etc.

2a. Mailing Address

26 One Premier Drive

Suite, Apt. #, etc.

City & State

23 St. Louis, MO

City & State

28 St. Louis, MO

Zip

24 63026

Country

25 St. Louis

Zip

29 63026

Country

30 St. Louis

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **WILTON, DOUGLAS H**
STREET ADDRESS **ONE UNITED DRIVE**
CITY-ST-ZIP **FENTON MO 63026**

TITLE **D** ☐ DELETE
NAME **MCCOLLISTER, H. DANIEL**
STREET ADDRESS **ONE UNITED DR.**
CITY-ST-ZIP **FENTON MO**

TITLE **D** ☐ DELETE
NAME **SPRINGER, CLYDE**
STREET ADDRESS **ONE UNITED DR.**
CITY-ST-ZIP **FENTON MO**

TITLE **D** ☐ DELETE
NAME **MCDANIEL, CHARLES**
STREET ADDRESS **ONE UNITED DR.**
CITY-ST-ZIP **FENTON MO**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Temporiti, John**
1.3 STREET ADDRESS **One Premier Drive**
1.4 CITY-ST-ZIP **St. Louis, MO 63026**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Thomas A. Doyle**
2.3 STREET ADDRESS **One Premier Drive**
2.4 CITY-ST-ZIP **St. Louis, MO 63026**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Michael A. Macdowell**
3.3 STREET ADDRESS **One Premier Drive**
3.4 CITY-ST-ZIP **St. Louis, MO 63026**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **John A. Sorensen**
4.3 STREET ADDRESS **One Premier Drive**
4.4 CITY-ST-ZIP **St. Louis, MO 63026**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *William P. Baumann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 1999

Date

314-343-9889

Daytime Phone #

CR2E034 (11/98)