2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 853453

Entity Name: VANLINER INSURANCE COMPANY

Current Principal Place of Business:

ONE PREMIER DRIVE
ST LOUIS, MO 63026 US

New Principal Place of Business:

Current Mailing Address:

ONE PREMIER DRIVE
ST LOUIS, MO 63026 US

New Mailing Address:

FEI Number: 86-0114294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KRANISKY, MICHAEL
Address: ONE PREMIER DR.
City-St-Zip: FENTON, MO 63026

Title: T ( ) Delete
Name: POWERS, JAMES G
Address: ONE PREMIER DRIVE
City-St-Zip: ST. LOUIS, MO 63026

Title: D ( ) Delete
Name: ANDERSON, RICHARD
Address: ONE PREMIER DR
City-St-Zip: ST LOUIS, MO

Title: D ( ) Delete
Name: MCCOLLISTER, H. DANIEL
Address: 1800 ROUTE 130 NORTH
City-St-Zip: BURLINGTON, NJ 08016

Title: D ( ) Delete
Name: CORRIGAN, DAVID
Address: 23923 RESEARCH DRIVE
City-St-Zip: FARMINGTON, MI 48335

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PRESTON, GALE D
Address: ONE PREMIER DR.
City-St-Zip: FENTON, MO 63026

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GALE D PRESTON P 04/29/2009

Electronic Signature of Signing Officer or Director — Date