

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 853453

**Entity Name:** VANLINER INSURANCE COMPANY**Current Principal Place of Business:**ONE PREMIER DRIVE  
ST LOUIS, MO 63026**Current Mailing Address:**3250 INTERSTATE DRIVE  
RICHFIELD, OH 44286 US**FEI Number:** 86-0114294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 P  
Name WISE, RAYMOND F  
Address ONE PREMIER DR.  
City-State-Zip: FENTON MO 63026

Title TD  
Name MCGRAW, JULIE A  
Address 3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

Title ATD  
Name MONDA, GARY N  
Address 3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

Title SD  
Name GONZALES, ARTHUR J  
Address 3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

Title D  
Name MICHELSON, DAVID W  
Address 3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

Title VP  
Name WINBORN, STEPHEN E  
Address ONE PREMIER DRIVE  
City-State-Zip: ST LOUIS MO 63026

Title OFFICER  
Name LUCAS, MICHAEL D  
Address ONE PREMIER DRIVE  
City-State-Zip: ST LOUIS MO 63026

Title OFFICER  
Name INAMA, TANYA M.  
Address 3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

**Continues on page 2**

*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: ARTHUR J. GONZALES****SECRETARY****03/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name LOS, SHAWN V  
Address ONE PREMIER DRIVE  
City-State-Zip: ST LOUIS MO 63026

Title DIRECTOR  
Name PARKS, JAMES A  
Address 3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

Title DIRECTOR  
Name PHILLIPS, TERRY E.  
Address 3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

Title DIRECTOR  
Name MERCURIO, ANTHONY J  
Address ONE PREMIER DRIVE  
City-State-Zip: ST LOUIS MO 63026

Title DIRECTOR  
Name JOHNSON, TERRI K  
Address 3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

Title DIRECTOR  
Name SCOFIELD, BRADFORD L.  
Address 3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286