

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 853453

**Entity Name:** VANLINER INSURANCE COMPANY**Current Principal Place of Business:**ONE PREMIER DRIVE  
FENTON, MO 63026**Current Mailing Address:**ONE PREMIER DRIVE  
FENTON, MO 63026 US**FEI Number:** 86-0114294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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            PRESIDENT, DIRECTOR  
Name           GRIMM, MATTHEW J.  
Address        ONE PREMIER DRIVE  
City-State-Zip: FENTON MO 63026

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

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

Title            SECRETARY  
Name           ERHART, SUE A.  
Address        301 E. 4TH ST.  
                    15TH FLOOR, TAX DEPT  
City-State-Zip: CINCINNATI OH 45202

Title            DIRECTOR  
Name           MERCURIO, ANTHONY J.  
Address        3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

Title            DIRECTOR  
Name           BRICHLER, RONALD J.  
Address        301 E. 4TH ST.  
                    15TH FLOOR, TAX DEPT  
City-State-Zip: CINCINNATI OH 45202

Title            DIRECTOR  
Name           GILLS, MICHELLE A.  
Address        301 E. 4TH ST.  
                    15TH FLOOR, TAX DEPT  
City-State-Zip: CINCINNATI OH 45202

Title            VP  
Name           NOERR, SCOTT E  
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: SUE A. ERHART****SECRETARY****02/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SULLIVAN, MICHAEL E. JR  
Address 301 E. 4TH ST.  
15TH FLOOR, TAX DEPT  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name GRUBER, GARY J.  
Address 301 E. 4TH ST.  
15TH FLOOR, TAX DEPT.  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name WITZGALL, DAVID J.  
Address 301 E. 4TH ST.  
15TH FLOOR, TAX DEPT  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name PIERCE, MICHAEL D.  
Address 301 E. 4TH ST.  
15TH FLOOR, TAX DEPT  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name THOMPSON, DAVID L. JR  
Address 301 E. 4TH ST.  
15TH FLOOR, TAX DEPT  
City-State-Zip: CINCINNATI OH 45202