

2015 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
Name WISE, RAYMOND F. JR.
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026

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

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

Title SECRETARY, GENERAL COUNSEL
Name GONZALES, ARTHUR J.
Address 3250 INTERSTATE DRIVE
City-State-Zip: RICHFIELD OH 44286

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

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****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date