

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853453

FILED  
Jan 17, 2012  
Secretary of State

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:**

3250 INTERSTATE DRIVE  
RICHFIELD, OH 44286 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:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: CEOD  
Name: MERCURIO, ANTHONY J  
Address: 3250 INTERSTATE DRIVE  
City-St-Zip: RICHFIELD, OH 44286

Title: D  
Name: MICHELSON, DAVID W  
Address: 3250 INTERSTATE DRIVE  
City-St-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

SD

01/17/2012

Electronic Signature of Signing Officer or Director

Date