

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003589

FILED
Apr 26, 2011
Secretary of State

Entity Name: GATEWAY INSURANCE COMPANY

Current Principal Place of Business:

1401 S BRENTWOOD BLVD
SUITE 1000
ST LOUIS, MO 63144

New Principal Place of Business:

Current Mailing Address:

1401 S BRENTWOOD BLVD
SUITE 1000
ST LOUIS, MO 63144

New Mailing Address:

FEI Number: 43-0762309

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

OFFICERS AND DIRECTORS:

Title: S
Name: LINTKER, SERENA M
Address: 1401 S. BRENTWOOD BLVD, SUITE 1000
City-St-Zip: ST. LOUIS, MO 63144

Title: DPT
Name: BOXELL, DANIEL J
Address: 1401 S. BRENTWOOD BLVD. SUITE 1000
City-St-Zip: ST. LOUIS, MO 63144

Title: DV
Name: MOOR, CAROL A
Address: 1401 S. BRENTWOOD BLVD., SUITE 1000
City-St-Zip: SAINT LOUIS, MO 63144

Title: D
Name: HENDRICKS, DIANE M
Address: ONE ABC PARKWAY
City-St-Zip: BELOIT, WI 53511

Title: D
Name: BUEHL, TODD M
Address: 655 THIRD STREET
City-St-Zip: BELOIT, WI 53511

Title: V
Name: KLEINSCHMIDT, RICHARD E
Address: 1401 S. BRENTWOOD BLVD., SUITE 1000
City-St-Zip: ST. LOUIS, MO 63144

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: SERENA LINTKER

V

04/26/2011

Electronic Signature of Signing Officer or Director

Date