

1.) CORPORATION NAME:

**Renaissance Insurance Agency, Inc.**

DUE DATE: **8/31/2010**

SCC ID NO: **F1798471**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**3H AGENT SERVICES INC**

**2121 EISENHOWER AVE STE 251**

**ALEXANDRIA, VA 22314**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1437 SEVENTH ST.  
FOURTH FLOOR

CITY/ST/ZIP: SANTA MONICA, CA 90401-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES H INGRAHAM  OFFICER  DIRECTOR  
 TITLE: SECRETARY  
 ADDRESS: 2345 GRAND BLVD.,  
STE 610  
 CITY/ST/ZIP/CO: KANSAS CITY, MO 64108-

NAME: LEONARD KLINE JR  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 2345 GRAND BLVD STE 610  
 CITY/ST/ZIP/CO: KANSAS CITY, MO 64108-

NAME: ROY DAVID LANDSTROM  OFFICER  DIRECTOR  
 TITLE: PRESIDENT  
 ADDRESS: 1437 SEVENTH ST.  
FOURTH FLOOR  
 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

NAME: ROBERT SAMUEL SCHNEIDER  OFFICER  DIRECTOR  
 TITLE: TREASURER  
 ADDRESS: 2345 GRAND BLVD.,  
STE 610  
 CITY/ST/ZIP/CO: KANSAS CITY, MO 64108-

NAME: JAMES ROBERTSON MCNIEL  OFFICER  DIRECTOR  
 TITLE: ASST SECRETARY  
 ADDRESS: 1437 SEVENTH ST.  
FOURTH FLOOR  
 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

NAME: CALVIN J STOLLE TITLE: Executive VP ADDRESS: 2345 GRAND BLVD., STE 610 CITY/ST/ZIP/CO: KANSAS CITY, MO 64108-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: NEIL SCOTT MAJORS TITLE: Asst. VP Oper. ADDRESS: 1437 SEVENTH ST. FOURTH FLOOR CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KENNETH LEE NELSON TITLE: VP Client Serv. ADDRESS: 1437 SEVENTH ST. FOURTH FLOOR CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: HEIDI AYAKO PEASE TITLE: VP Sales & Mktg ADDRESS: 1437 SEVENTH ST. FOURTH FLOOR CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JAMES H INGRAHAM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES H INGRAHAM, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/20/2010 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		