

1.) CORPORATION NAME:

Renaissance Insurance Agency, Inc.

DUE DATE: **8/31/2011**

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

OFFICER

DIRECTOR

NAME: NEIL SCOTT MAJORS
TITLE: ASST. VP OPER.
ADDRESS: 1437 SEVENTH ST.
FOURTH FLOOR
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

OFFICER

DIRECTOR

NAME: KENNETH LEE NELSON
TITLE: VP CLIENT SERV.
ADDRESS: 1437 SEVENTH ST.
FOURTH FLOOR
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

OFFICER

DIRECTOR

NAME: HEIDI AYAKO PEASE
TITLE: VP SALES & MKTG
ADDRESS: 1437 SEVENTH ST.
FOURTH FLOOR
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

OFFICER

DIRECTOR

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: JAMES H INGRAHAM TITLE: SECRETARY ADDRESS: 2345 GRAND BLVD., STE 610 CITY/ST/ZIP/CO: KANSAS CITY, MO 64108-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT SAMUEL SCHNEIDER TITLE: TREASURER ADDRESS: 2345 GRAND BLVD., STE 610 CITY/ST/ZIP/CO: KANSAS CITY, MO 64108-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LEONARD KLINE JR TITLE: DIRECTOR ADDRESS: 2345 GRAND BLVD STE 610 CITY/ST/ZIP/CO: KANSAS CITY, MO 64108-	<input type="checkbox"/> OFFICER <input checked="" 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.		
<u>/s/ JAMES H INGRAHAM</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JAMES H INGRAHAM,</u> SECRETARY PRINTED NAME AND CORPORATE TITLE	<u>8/18/2011</u> 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.		