

1.) CORPORATION NAME:

DUE DATE: **8/31/2012**

Renaissance Insurance Agency, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1798471**

**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.

<p>NAME: ROY DAVID LANDSTROM TITLE: Chairman ADDRESS: 1437 SEVENTH ST. FOURTH FLOOR CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: NEIL SCOTT MAJORS TITLE: VP, Operations ADDRESS: 1437 SEVENTH ST. FOURTH FLOOR CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: KENNETH LEE NELSON TITLE: VP CLIENT SERV. ADDRESS: 1437 SEVENTH ST. FOURTH FLOOR CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES H INGRAHAM TITLE: SECRETARY ADDRESS: 2345 GRAND BLVD., STE 610 CITY/ST/ZIP/CO: KANSAS CITY, MO 64108</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT SAMUEL SCHNEIDER TITLE: TREASURER ADDRESS: 2345 GRAND BLVD., STE 610 CITY/ST/ZIP/CO: KANSAS CITY, MO 64108</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: LEONARD KLINE JR TITLE: PRESIDENT ADDRESS: 2345 GRAND BLVD STE 610 CITY/ST/ZIP/CO: KANSAS CITY, MO 64108	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Leonard P. 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.				
/s/ JAMES H INGRAHAM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES H INGRAHAM, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/25/2012 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.				