

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000017140

Entity Name: ONEMAIN FINANCIAL INSURANCE AGENCY OF FLORIDA, INC.

Current Principal Place of Business:

3001 MEACHAM BLVD.
FORT WORTH, TX 76137

Current Mailing Address:

3001 MEACHAM BLVD.
FORT WORTH, TX 76137 US

FEI Number: 75-2856468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title P, D
Name CARSON, DAVA S
Address 3001 MEACHAM BLVD.
City-State-Zip: FORT WORTH TX 76137

Title D
Name MCCORMICK, CAROLYN S
Address 3001 MEACHAM BLVD.
City-State-Zip: FORT WORTH TX 76137

Title S, D
Name LEHMAN, GREGG H
Address 3001 MEACHAM BLVD.
City-State-Zip: FORT WORTH TX 76137

Title T
Name LARKIN, PAULA D
Address 3001 MEACHAM BLVD.
City-State-Zip: FORT WORTH TX 76137

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: GREGG H. LEHMAN

SECRETARY

01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date