

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000071452

**Entity Name:** ONEMAIN FINANCIAL INSURANCE AGENCY OF FLORIDA, LLC

**Current Principal Place of Business:**

3001 MEACHAM BLVD  
SUITE 100  
FORT WORTH, TX 76137

**Current Mailing Address:**

PO BOX 2548  
FORT WORTH, TX 76113

**FEI Number: 75-2856468**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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:** MICHAEL JONES, ASSISTANT SECRETARY

01/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NEAL, RONALD D  
Address 3001 MEACHAM BLVD  
City-State-Zip: FORT WORTH TX 76137

Title MGR  
Name LOCHBAUM, BRENT K  
Address 3001 MEACHAM BLVD  
City-State-Zip: FORT WORTH TX 76137

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

Title MGR  
Name LEASURE, SUSAN E  
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREGG H. LEHMAN

**MANAGER**

01/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date