

2016 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
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

02/29/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CARSON, DAVE S
Address 3001 MEACHAM BLVD
City-State-Zip: FORT WORTH TX 76137

Title MGR
Name SHARPE, MICHAEL B
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 ANDERSON, HENRYKA A
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

02/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date