

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825236

Entity Name: NATIONAL GENERAL INSURANCE COMPANY**Current Principal Place of Business:**5630 UNIVERSITY PARKWAY
WINSTON-SALEM, NC 27105**Current Mailing Address:**PO BOX 3199
WINSTON-SALEM, NC 27102 US**FEI Number:** 43-0890050**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
FL DEPARTMENT OF FINANCIAL SERVICES
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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	S, D
Name	WEISSMANN, JEFFREY A
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038
Title	PRESIDENT, COO, D
Name	RENDALL, PETER A
Address	5630 UNIVERSITY PARKWAY
City-State-Zip:	WINSTON-SALEM NC 27105
Title	VP, D
Name	CASTELLANO, BERTA A
Address	5630 UNIVERSITY PARKWAY
City-State-Zip:	WINSTON-SALEM NC 27105
Title	VP, D
Name	HALL, GEORGE H JR.
Address	5630 UNIVERSITY PARKWAY
City-State-Zip:	WINSTON-SALEM NC 27105

Title	AS
Name	MARSH, LORI
Address	5630 UNIVERSITY PARKWAY
City-State-Zip:	WINSTON-SALEM NC 27105
Title	D, CFO, TREASURER
Name	WEINER, MICHAEL H
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038
Title	VP
Name	BOLAR, DONALD J
Address	5630 UNIVERSITY PARKWAY
City-State-Zip:	WINSTON-SALEM NC 27105
Title	D
Name	NEWGARDEN, THOMAS E
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038

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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: LORI MARSH**ASSISTANT SECRETARY** 04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EYWARD, SUSAN
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name BENDTSEN, CHERYL
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title SVP, TAX
Name GOLDSTEIN, MICHAEL
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name INCIONG, SARAH
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105