

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003216

Entity Name: NATIONAL GENERAL INSURANCE ONLINE, INC.**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:** 43-1886856**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 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 AS
Name MARSH, LORI
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title D, PRESIDENT
Name KARFUNKEL, BARRY S
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title T, DIRECTOR
Name RENDALL, PETER A
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title D, CFO
Name WEINER, MICHAEL H
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title VP, DIRECTOR
Name CASTELLANO, BERTA A
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title VP
Name BOLAR, DONALD J
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title VP, DIRECTOR
Name HALL, GEORGE H JR.
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

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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** 04/25/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KARFUNKEL, ROBERT M
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

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

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

Title VP
Name SCHOCK, BRAD
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON SALEM NC 27105