

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003216

**Entity Name:** NATIONAL GENERAL INSURANCE ONLINE, INC.

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC9808336590**

**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 04/28/2016**

\_\_\_\_\_  
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 NEWGARDEN, THOMAS  
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