

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004033

**Entity Name:** RIGHT CHOICE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1281 MURFREESBORO ROAD  
NASHVILLE, TN 37217

**FILED**  
**Jun 15, 2020**  
**Secretary of State**  
**8346198006CC**

**Current Mailing Address:**

5630 UNIVERSITY PARKWAY  
WINSTON-SALEM, NC 27105 US

**FEI Number: 20-3003783**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DIRECTOR  
Name KARFUNKEL, BARRY  
Address 59 MAIDEN LANE, 38TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, CFO, TREASURER  
Name WEINER, MICHAEL  
Address 59 MAIDEN LANE, 38TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, GENERAL COUNSEL AND SECRETARY  
Name WEISSMANN, JEFFREY  
Address 59 MAIDEN LANE, 38TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title PRESIDENT  
Name KARFUNKEL, ROBERT  
Address 59 MAIDEN LANE, 38TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title COO  
Name RENDALL, PETER  
Address 59 MAIDEN LANE, 38TH FLOOR  
City-State-Zip: NEW YORK NY 10038

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

Title CCO  
Name HALL, GEORGE JR  
Address 5630 UNIVERSITY PARKWAY  
City-State-Zip: WINSTON SALEM NC 27105

Title SVP, TAX  
Name GOLDSTEIN, MICHAEL  
Address 59 MAIDEN LANE, 38TH FL  
City-State-Zip: NEW YORK NY 10038

*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: MICHAEL GOLDSTEIN**

**SVP, TAX**

**06/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date