

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004033

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

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

**Current Principal Place of Business:**

1281 MURFREESBORO ROAD  
NASHVILLE, TN 37217

**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