

2019 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

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
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 TREASURER
Name ENGEMAN, JOHN
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: DONALD BOLAR

CAO

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date