

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000004623

Entity Name: ONEMAIN ASSURANCE SERVICES, LLC

Current Principal Place of Business:

3001 MEACHAM BLVD., STE. 100
FORT WORTH, TX 76137

Current Mailing Address:

3001 MEACHAM BLVD., STE. 100
FORT WORTH, TX 76137

FEI Number: 27-5132462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title MGRP
Name CARSON, DAVA S
Address 3001 MEACHAM BLVD., STE. 100
City-State-Zip: FORT WORTH TX 76137

Title MGRS
Name LEHMAN, GREGG H
Address 3001 MEACHAM BLVD., STE. 100
City-State-Zip: FORT WORTH TX 76137

Title MGRT
Name LOCHBAUM, BRENT K.
Address 3001 MEACHAM BLVD., STE. 100
City-State-Zip: FORT WORTH TX 76137

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGG H. LEHMAN

MANAGER

01/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date