

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000003016

**FILED**  
**Apr 18, 2013**  
**Secretary of State**  
**CC7923684620**

**Entity Name:** NATIONAL GENERAL ASSURANCE COMPANY

**Current Principal Place of Business:**

500 WEST FIFTH STREET  
WINSTON-SALEM, NC 27101

**Current Mailing Address:**

500 WEST FIFTH STREET  
WINSTON-SALEM, NC 27101 US

**FEI Number:** 43-1301482

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 LEMMER, HERBERT J  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title T, D  
Name RENDALL, PETER A  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title D, P  
Name STORMS, BYRON W  
Address 500 WEST FIFTH STREET  
City-State-Zip: WINSTON SALEM NC 27101

Title DCFO  
Name WEINER, MICHAEL H  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title D  
Name KARFUNKEL, BARRY S  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title VP  
Name BOLAR, DONALD J  
Address 500 WEST FIFTH STREET  
City-State-Zip: WINSTON-SALEM NC 27101

Title VP, D  
Name CASTELLANO, BERTA A  
Address 500 WEST FIFTH STREET  
City-State-Zip: WINSTON-SALEM NC 27101

**Continues on page 2**

*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:** HERBERT J LEMMER

**ASSISTANT SECRETARY** 04/18/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, D  
Name HALL, GEORGE H JR.  
Address 500 WEST FIFTH STREET  
City-State-Zip: WINSTON-SALEM NC 27101

Title D  
Name NEWGARDEN, THOMAS E  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title D  
Name KARFUNKEL, ROBERT M  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038