

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003016

Entity Name: NATIONAL GENERAL ASSURANCE COMPANY

Current Principal Place of Business:

5630 UNIVERSITY PARKWAY
WINSTON-SALEM, NC 27105

Current Mailing Address:

PO BOX 3199
WINSTON-SALEM, NC 27102 US

FEI Number: 43-1301482

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
FL DEPARTMENT OF FINANCIAL SERVICES
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 COO
Name RENDALL, PETER
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title CFO, VP
Name MACELLARO, PATRICK
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR, COB, P
Name INCIONG, SARAH
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

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

Title DIRECTOR, VP
Name CASTELLANO, BERTA
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

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

Title DIRECTOR
Name BOONE, REBECCA
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR
Name MCGHEE, GREG
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

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: LORI MARSH

ASSISTANT SECRETARY 04/21/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AS
Name MARSH, LORI
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title SVP, TAX
Name GOLDSTEIN, MICHAEL
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR
Name DAVID, ADAM
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR
Name MOLONEY, LAWRENCE
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR
Name BENDTSEN, CHERYL
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title AS
Name JAUHAR, MEGHAN
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105