

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004193

Entity Name: NATIONAL GENERAL MOTOR CLUB, INC.

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: 52-1925265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, DIRECTOR
Name WEISSMANN, JEFFREY A
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

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

Title P, COO, DIRECTOR
Name RENDALL, PETER A
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

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

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

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

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

Title SVP, TAX
Name GOLDSTEIN, MICHAEL
Address 59 MAIDEN LANE
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: LORI MARSH

ASSISTANT SECRETARY 04/30/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date