

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38568

FILED
Apr 23, 2012
Secretary of State

Entity Name: INTEGON CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

500 WEST FIFTH STREET
WINSTON SALEM, NC 27101

New Principal Place of Business:

Current Mailing Address:

500 WEST FIFTH STREET
WINSTON SALEM, NC 27101

New Mailing Address:

FEI Number: 56-1764725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: AS
Name: LEMMER, HERBERT J
Address: 59 MAIDEN LANE
City-St-Zip: NEW YORK, NY 10038

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

Title: S
Name: WEISSMANN, JEFFREY A
Address: 59 MAIDEN LANE
City-St-Zip: NEW YORK, NY 10038

Title: D,P
Name: PENTIS, LAWRENCE R
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27101

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

Title: D
Name: KARFUNKEL, BARRY S
Address: 59 MAIDEN LANE
City-St-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: HERBERT J. LEMMER

AS

04/23/2012

Electronic Signature of Signing Officer or Director

Date