

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38568

Entity Name: INTEGON CASUALTY INSURANCE 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:** 56-1764725**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 AS
Name MARSH, LORI
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

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

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

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

Title D, PRESIDENT
Name KARFUNKEL, BARRY S
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 CASTELLANO, BERTA A
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

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** 04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------------|
| Title | VP |
| Name | SCHOCK, BRAD |
| Address | 5630 UNIVERSITY PARKWAY |
| City-State-Zip: | WINSTON SALEM NC 27105 |