2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2020
Secretary of State
8520652945CC

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	S, DIRECTOR
Name	WEISSMANN, JEFFREY A
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	CASTELLANO, BERTA A
Address	5630 UNIVERSITY PARKWAY
City-State-Zip:	WINSTON-SALEM NC 27105

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

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

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 05/20/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SVP, TAX
Name	GOLDSTEIN, MICHAEL
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038