

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P38568

**Entity Name:** INTEGON CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**450 W. HANES MILL ROAD, STE 101  
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 DIRECTOR, COB, P, COO  
Name RENDALL, PETER  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON SALEM NC 27105

Title CAO, VP  
Name BOLAR, DONALD  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

Title SVP  
Name HWANG, CHRISTINA  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR  
Name HANES, DOUGLAS  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR  
Name KULUK, AARON  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

Title AS  
Name JAUHAR, MEGHAN  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

Title SVP, T  
Name BAND, ALEXANDRA  
Address 450 W. HANES MILL ROAD  
City-State-Zip: WINSTON-SALEM NC 27105

*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:** MEGHAN JAUHAR**ASSISTANT SECRETARY** 04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date