

1.) CORPORATION NAME:

INTEGON INDEMNITY CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

DUE DATE: **12/31/2011**

SCC ID NO: **F0132912**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 W FIFTH ST

CITY/ST/ZIP: WINSTON SALEM, NC 27101-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LAWRENCE R PENTIS
TITLE: PRESIDENT
ADDRESS: 500 W. FIFTH STREET
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101-

OFFICER

DIRECTOR

NAME: DONALD BOLAR
TITLE: VICE PRESIDENT
ADDRESS: 500 WEST FIFTH ST
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101-

OFFICER

DIRECTOR

NAME: HERBERT J LEMMER
TITLE: SECRETARY
ADDRESS: 59 MAIDEN LANE
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

OFFICER

DIRECTOR

NAME: PETER A RENDALL
TITLE: TREASURER
ADDRESS: 59 MAIDEN LANE
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

OFFICER

DIRECTOR

NAME: MICHAEL H WEINER
TITLE: DIRECTOR
ADDRESS: 59 MAIDEN LANE
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

OFFICER

DIRECTOR

NAME: BARRY S KARFUNKEL TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: PRESTON SCOTT ECKMAN TITLE: VICE PRESIDENT ADDRESS: 500 W. FIFTH STREET CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: GEORGE H HALL, JR. TITLE: VICE PRESIDENT ADDRESS: 500 WEST FIFTH STREET CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: VICKI L LAMBERT TITLE: Asst Secretary ADDRESS: 500 W. FIFTH STREET CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ VICKI L LAMBERT</u>	<u>VICKI L LAMBERT, Asst Secretary</u>	<u>12/8/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.