

1.) CORPORATION NAME:

**INTEGON INDEMNITY CORPORATION**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0132912**

**RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 300,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

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:           | BYRON W STORMS          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT               |   |                                   |
| ADDRESS:        | 500 W. FIFTH STREET     |   |                                   |
| CITY/ST/ZIP/CO: | WINSTON-SALEM, NC 27101 |   |                                   |

|                 |                         |   |                                   |
|-----------------|-------------------------|---|-----------------------------------|
| NAME:           | DONALD BOLAR            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT          |   |                                   |
| ADDRESS:        | 500 WEST FIFTH ST       |   |                                   |
| CITY/ST/ZIP/CO: | WINSTON-SALEM, NC 27101 |   |                                   |

|                 |                         |   |                                   |
|-----------------|-------------------------|---|-----------------------------------|
| NAME:           | BERTA A CASTELLANO      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT          |   |                                   |
| ADDRESS:        | 500 W. FIFTH STREET     |   |                                   |
| CITY/ST/ZIP/CO: | WINSTON-SALEM, NC 27101 |   |                                   |

|                 |                         |   |                                   |
|-----------------|-------------------------|---|-----------------------------------|
| NAME:           | GEORGE H HALL, JR.      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT          |   |                                   |
| ADDRESS:        | 500 WEST FIFTH STREET   |   |                                   |
| CITY/ST/ZIP/CO: | WINSTON-SALEM, NC 27101 |   |                                   |

|                 |                    |   |                                   |
|-----------------|--------------------|---|-----------------------------------|
| NAME:           | PETER A RENDALL    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER          |   |                                   |
| ADDRESS:        | 59 MAIDEN LANE     |   |                                   |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10038 |   |                                   |

|                 |                    |   |  |
|-----------------|--------------------|---|--|
| NAME:           | MICHAEL H WEINER   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CFO                |   |  |
| ADDRESS:        | 59 MAIDEN LANE     |   |  |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10038 |   |  |

|  |  |                   |
|--|--|-------------------|
| NAME: HERBERT J LEMMER<br>TITLE: ASST SECRETARY<br>ADDRESS: 59 MAIDEN LANE<br>CITY/ST/ZIP/CO: NEW YORK, NY 10038   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR            |                   |
| NAME: JEFFREY WEISSMANN<br>TITLE: PRESIDENT<br>ADDRESS: 59 MAIDEN LANE<br>CITY/ST/ZIP/CO: NEW YORK, NY 10038   | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |                   |
| NAME: BARRY S KARFUNKEL<br>TITLE: DIRECTOR<br>ADDRESS: 59 MAIDEN LANE<br>CITY/ST/ZIP/CO: NEW YORK, NY 10038  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |                   |
| 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.  |  |                   |
| /s/ HERBERT J LEMMER<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | HERBERT J LEMMER, ASST SECRETARY<br>PRINTED NAME AND CORPORATE TITLE                     | 12/3/2013<br>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. |  |                   |