

1.) CORPORATION NAME:

NEW SOUTH INSURANCE COMPANY

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

SCC ID NO: **F0162315**

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

5.) STOCK INFORMATION

RICHMOND, VA 23219

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 30,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 West 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.

| | | |
|--|---|--|
| <p>NAME: Byron W Storms TITLE: PRESIDENT ADDRESS: 500 West FIFTH ST CITY/ST/ZIP/CO: WINSTON SALEM, NC 27101</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: Donald J Bolar TITLE: VICE PRESIDENT ADDRESS: 500 WEST FIFTH ST CITY/ST/ZIP/CO: WINSTON SALEM, NC 27101</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: GEORGE H HALL JR TITLE: VICE PRESIDENT ADDRESS: 500 WEST FIFTH ST CITY/ST/ZIP/CO: WINSTON SALEM, NC 27101</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: VICKI L LAMBERT TITLE: ASST SECRETARY ADDRESS: 500 WEST FIFTH ST CITY/ST/ZIP/CO: WINSTON SALEM, NC 27101</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: MICHAEL H WEINER TITLE: CFO ADDRESS: 59 Maiden Lane CITY/ST/ZIP/CO: New York, NY 10038</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: Barry S Karfunkel TITLE: DIRECTOR ADDRESS: 59 Maiden Lane CITY/ST/ZIP/CO: New York, NY 10038</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

| | | |
|--|---|-----------|
| NAME: Jeffrey A Weissmann TITLE: SECRETARY ADDRESS: 59 Maiden Lane CITY/ST/ZIP/CO: New York, NY 10038 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: Peter A Rendall TITLE: TREASURER ADDRESS: 59 Maiden Lane CITY/ST/ZIP/CO: New York, NY 10038 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: Berta A Castellano TITLE: VICE PRESIDENT ADDRESS: 500 West Fifth St CITY/ST/ZIP/CO: Winston-Salem, NC 27101 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: Herbert J Lemmer TITLE: ASST SECRETARY ADDRESS: 59 Maiden Lane CITY/ST/ZIP/CO: New York, NY 10038 | <input checked="" type="checkbox"/> OFFICER <input 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 | Herbert J Lemmer, | 6/11/2012 |
| 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. | | |