

1.) CORPORATION NAME:

NEW SOUTH INSURANCE COMPANY

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F0162315**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

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.

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

NAME:	DONALD J 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 WEST FIFTH ST		
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 ST		
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 TITLE: ASST SECRETARY ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER <input 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: 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	
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HERBERT J LEMMER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/6/2013 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.		