

1.) CORPORATION NAME:

DUE DATE: **9/30/2011**

**INTEGON GENERAL INSURANCE CORPORATION**

SCC ID NO: **F0243008**

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**

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: LAWRENCE R PENTIS  
TITLE: PRESIDENT  
ADDRESS: 500 WEST FIFTH ST  
CITY/ST/ZIP/CO: WINSTON SALEM, NC 27102-

OFFICER

DIRECTOR

NAME: VICKI LAMBERT  
TITLE: ASST SECRETARY  
ADDRESS: 500 WEST FIFTH STREET  
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: BARRY KARFUNKEL  
TITLE: DIRECTOR  
ADDRESS: 59 MAIDEN LANE  
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WADE BONTRAGER VICE PRESIDENT 500 WEST FIFTH STREET WINSTON-SALEM, NC 27101-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PRESTON SCOTT ECKMAN VICE PRESIDENT 500 WEST FIFTH STREET WINSTON-SALEM, NC 27101-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE HALL, JR VICE PRESIDENT 500 WEST FIFTH STREET WINSTON-SALEM, NC 27101-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL WEINER CFO 59 MAIDEN LANE NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" 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.

/s/ VICKI LAMBERT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VICKI LAMBERT, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/19/2011 DATE
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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.