

1.) CORPORATION NAME:

INTEGON GENERAL INSURANCE CORPORATION

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0243008**

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 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 BOLAR TITLE: VICE PRESIDENT ADDRESS: 500 WEST FIFTH STREET CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Brenda A Castellano TITLE: VICE PRESIDENT ADDRESS: 500 WEST FIFTH STREET CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GEORGE HALL, JR TITLE: VICE PRESIDENT ADDRESS: 500 WEST FIFTH STREET CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Herbert J Lemmer TITLE: ASST SECRETARY ADDRESS: 59 Maiden Lane CITY/ST/ZIP/CO: New York, NY 10038</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PETER RENDALL TITLE: TREASURER ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY KARFUNKEL DIRECTOR 59 MAIDEN LANE NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL H WEINER CFO 59 MAIDEN LANE NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeffrey A Weissmann SECRETARY 59 Maiden Lane 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Herbert J Lemmer, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	9/14/2012 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.			