

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213507629

1.) CORPORATION NAME:

**INTEGON NATIONAL INSURANCE COMPANY**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F0602971**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

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.

NAME:	Byron W Storms	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	500 W FIFTH STREET		
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 STREET		
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27101		

NAME:	Herbert J Lemmer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	59 Maiden Lane		
CITY/ST/ZIP/CO:	New York, NY 10038		

NAME:	DONALD J BOLAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CAO, VP		
ADDRESS:	500 WEST 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:	Barry S Karfunkel	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	59 Maiden Lane		
CITY/ST/ZIP/CO:	New York, NY 10038		

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: 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: Michael H Weiner TITLE: CFO ADDRESS: 59 Maiden Lane CITY/ST/ZIP/CO: New York, NY 10038	<input checked="" 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/ Jeffrey AWeissmann	Jeffrey AWeissmann,	2/15/2013
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.		