

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214502282

1.) CORPORATION NAME:

INTEGON NATIONAL INSURANCE COMPANY

DUE DATE: **2/28/2014**

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

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
 TITLE: PRESIDENT
 ADDRESS: 500 W FIFTH STREET
 CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101

OFFICER DIRECTOR

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

OFFICER DIRECTOR

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

OFFICER DIRECTOR

NAME: GEORGE H HALL, JR
 TITLE: VICE PRESIDENT
 ADDRESS: 500 WEST FIFTH STREET
 CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101

OFFICER DIRECTOR

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

OFFICER DIRECTOR

NAME: MICHAEL H WEINER
 TITLE: CFO
 ADDRESS: 59 MAIDEN LANE
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

OFFICER 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	
NAME: JEFFREY A WEISSMANN TITLE: PRESIDENT ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER <input checked="" 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	1/2/2014 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.		