

1.) CORPORATION NAME:

Integon Casualty Insurance Company

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

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

SCC ID NO: **F1441007**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 W 5TH 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 OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 500 WEST FIFTH STREET
 CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101-

NAME: WHITNEY P AMES OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 59 MAIDEN LANE
 CITY/ST/ZIP/CO: NEW YORK, NY 10038-

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

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

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

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.

<u>/s/ VICKI L LAMBERT</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>VICKI L LAMBERT, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>9/1/2011</u> 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.