

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212535252

1.) CORPORATION NAME:

Integon Casualty Insurance Company

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: **F1441007**

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		
ADDRESS:	500 WEST FIFTH STREET		
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27101		
NAME:	DONALD J BOLAR	<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:	Jeffrey A Weissmann	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	59 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
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:	MICHAEL H WEINER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	59 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
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: George H Hall Jr TITLE: VICE PRESIDENT ADDRESS: 500 West Fifth Street CITY/ST/ZIP/CO: Winston-Salem, NC 27101	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Brenda A Castellano TITLE: VICE PRESIDENT ADDRESS: 500 West Fifth Street CITY/ST/ZIP/CO: Winston-Salem, NC 27101	<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.		