

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213538070

1.) CORPORATION NAME:

**National General Insurance Marketing, Inc.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1521956**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 WEST FIFTH STREET

CITY/ST/ZIP: WINSTON-SALEM, NC 27101-2728

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 STORMS  
TITLE: PRESIDENT  
ADDRESS: 500 WEST FIFTH STREET  
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101-2728

OFFICER

DIRECTOR

NAME: DONALD J BOLAR  
TITLE: VICE PRESIDENT  
ADDRESS: 500 WEST FIFTH STREET  
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101-2728

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: PETER 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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HERBERT 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 WEISSMANN TITLE: SECRETARY ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY 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/ JEFFREY WEISSMANN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY WEISSMANN, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/15/2013 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.		