## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 801716** 

**Entity Name: INTEGON NATIONAL INSURANCE COMPANY** 

**Current Principal Place of Business:** 

5630 UNIVERSITY PARKWAY WINSTON-SALEM, NC 27105

**Current Mailing Address:** 

PO BOX 3199

WINSTON-SALEM, NC 27102 US

FEI Number: 13-4941245 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER FL DEPARTMENT OF FINANCIAL SERVICES 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Apr 09, 2015

**Secretary of State** 

CC5097995658

Officer/Director Detail:

Title Title S, DIRECTOR

RENDALL. PETER A Name Name WEISSMANN, JEFFREY A

Address 59 MAIDEN LANE Address 59 MAIDEN LANE

City-State-Zip: NEW YORK NY 10038 City-State-Zip: NEW YORK NY 10038

Title **PRESIDENT** Title AS

Name STORMS, BYRON W Name MARSH, LORI

Address 5630 UNIVERSITY PARKWAY Address 5630 UNIVERSITY PARKWAY WINSTON-SALEM NC 27105 City-State-Zip: WINSTON-SALEM NC 27105 City-State-Zip:

Title Title **DCFO** 

KARFUNKEL, BARRY S Name Name WEINER, MICHAEL H

Address 59 MAIDEN LANE Address 59 MAIDEN LANE

City-State-Zip: NEW YORK NY 10038 City-State-Zip: NEW YORK NY 10038

Title ٧/P Title VΡ

Name CASTELLANO, BERTA A Name BOLAR, DONALD J Address 5630 UNIVERSITY PARKWAY Address 5630 UNIVERSITY PARKWAY WINSTON-SALEM NC 27105

City-State-Zip: City-State-Zip: WINSTON-SALEM NC 27105

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/09/2015 SIGNATURE: LORI MARSH ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP

Name HALL, GEORGE H JR.

Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105