## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 801716

### Entity Name: INTEGON NATIONAL INSURANCE COMPANY

### Current Principal Place of Business:

500 W. FIFTH STREET WINSTON-SALEM, NC 27101

# **Current Mailing Address:**

500 W. FIFTH STREET WINSTON-SALEM, NC 27101 US

# FEI Number: 13-4941245

# Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US FILED Apr 18, 2013 Secretary of State CC9752534015

Certificate of Status Desired: No

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

## Officer/Director Detail :

Officer/Director Detail :				
	Title	Т	Title	S
	Name	RENDALL, PETER A	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	AS	Title	D, P
	Name	LEMMER, HERBERT J	Name	STORMS, BYRON W
	Address	59 MAIDEN LANE	Address	500 W FIFTH ST
	City-State-Zip:	NEW YORK NY 10038	City-State-Zip:	WINSTON-SALEM NC 27101
	Title	DCFO	Title	D
	Title Name	DCFO WEINER, MICHAEL H	Title Name	D KARFUNKEL, BARRY S
				-
	Name	WEINER, MICHAEL H 59 MAIDEN LANE	Name	- KARFUNKEL, BARRY S
	Name Address	WEINER, MICHAEL H 59 MAIDEN LANE	Name Address	KARFUNKEL, BARRY S 59 MAIDEN LANE
	Name Address City-State-Zip:	WEINER, MICHAEL H 59 MAIDEN LANE NEW YORK NY 10038	Name Address City-State-Zip:	KARFUNKEL, BARRY S 59 MAIDEN LANE NEW YORK NY 10038
	Name Address City-State-Zip: Title	WEINER, MICHAEL H 59 MAIDEN LANE NEW YORK NY 10038 VP	Name Address City-State-Zip: Title	KARFUNKEL, BARRY S 59 MAIDEN LANE NEW YORK NY 10038 VP
	Name Address City-State-Zip: Title Name	WEINER, MICHAEL H 59 MAIDEN LANE NEW YORK NY 10038 VP BOLAR, DONALD J 500 WEST FIFTH STREET	Name Address City-State-Zip: Title Name	KARFUNKEL, BARRY S 59 MAIDEN LANE NEW YORK NY 10038 VP CASTELLANO, BERTA A

# 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.

# SIGNATURE: HERBERT J LEMMER

ASSISTANT SECRETARY 04/18/2013

Electronic Signature of Signing Officer/Director Detail

Date

Date

### **Officer/Director Detail Continued :**

Title	VP
Name	HALL, GEORGE H JR.
Address	500 WEST FIFTH STREET
City-State-Zip:	WINSTON-SALEM NC 27101