2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812455

Entity Name: INTEGON INDEMNITY CORPORATION

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: 56-0473714

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER FL DEPARTMENT OF FINANCIAL SERVICES 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US FILED Apr 09, 2015 Secretary of State CC5773917717

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 :

Title	Т	Title	S, DIRECTOR	
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	PRESIDENT	
Name	MARSH, LORI	Name	STORMS, BYRON W	
Address	5630 UNIVERSITY PARKWAY	Address	5630 UNIVERSITY PARKWAY	
City-State-Zip:	WINSTON-SALEM NC 27105	City-State-Zip:	WINSTON-SALEM NC 27105	
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	Name Address City-State-Zip: Title Name	KARFUNKEL, BARRY S 59 MAIDEN LANE NEW YORK NY 10038 VP CASTELLANO, BERTA A	

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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: LORI MARSH

ASSISTANT SECRETARY 04/09/2015

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