

2020 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**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

Officer/Director Detail :

Title	COO	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	D, CFO, TREASURER
Name	MARSH, LORI	Name	WEINER, MICHAEL H
Address	5630 UNIVERSITY PARKWAY	Address	59 MAIDEN LANE
City-State-Zip:	WINSTON-SALEM NC 27105	City-State-Zip:	NEW YORK NY 10038
Title	D, PRESIDENT	Title	VP
Name	KARFUNKEL, BARRY S	Name	BOLAR, DONALD J
Address	59 MAIDEN LANE	Address	5630 UNIVERSITY PARKWAY
City-State-Zip:	NEW YORK NY 10038	City-State-Zip:	WINSTON-SALEM NC 27105
Title	VP	Title	VP
Name	CASTELLANO, BERTA A	Name	HALL, GEORGE H JR.
Address	5630 UNIVERSITY PARKWAY	Address	5630 UNIVERSITY PARKWAY
City-State-Zip:	WINSTON-SALEM NC 27105	City-State-Zip:	WINSTON-SALEM NC 27105

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** 05/20/2020

Electronic Signature of Signing Officer/Director Detail

Date