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2/26/97

(910) 770-2369

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801716

(2)

INTEGON NATIONAL INSURANCE COMPANY

SO W. FIFTH STREET P.O. BOX 3109 P.O. BOX 3109 P.O. BOX 3109 WINSTON-SALEM NC 27102-2510 U.S.	Principal Place of Business Mailing Address						I FOETO FOLIA DO DO 1 TODO 1 TODO 1 TODO 1 TODO 5				
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Clay & State		#, etc	Suite, Apt. #, etc.				5 Certificate of Status Decired	<u>Γ</u>	\$8.75	Additional	
28	22						5. Certificate of Status Desired		Fee R	equired	
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent STATE COMMISSIONER OF INSURANCE CAPTIOL BLDG. TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83	23	Country		T Co.							
STATE COMMISSIONER OF INSURANCE CAPTIOL BLDG. TALLAHASSEE FL 32301 82 Street Address (P.C. Box Number is Not Acceptable) 83 84 City FL 85 Street Address (P.C. Box Number is Not Acceptable) 81 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Horida Statutes, the above named corporation submits this statement for the purpose of changing its registered other or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of oriectors. I hereby accept the appointment as registered agent of the purpose of Changing its registered of the provisions of Sections 607 0502 and 607 0502. Foroda Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 112 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 112 12. ADDE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 112 12. ADDE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 112 14. ADDE OFFICERS AND DIRECTORS 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 112 15. AD	•				шу					199.032,	
STATE COMMISSIONER OF INSURANCE CAPTIOL BLD3. TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0002 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or posts, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registere officer or registered agent of posts, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registere officer or registered agent ag	24			30							
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TALLAHASSEE FL 32301 State Address FL 0.00 State			MANUE								
B3					82	Street /	Address (P.O. Box Number is Not Acceptab	θ)			
11. Pursuant to the provisions of Sections CO7.0502 and CO7.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the obligations of Section GO7.0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAM ANDREWS, STEVEN C 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAM SIRELA ALCRESS 14. CITY ST-2P NINSTON-SALEM NC 15. STEPLE ALCRESS 16. STEPLE ALC	i.r	CENTROCE I E CECTI		<u> </u>	83						
11. Fursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purposes of changing its registered office or registered agent or both, in the State of Triorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. Interpretation of the purposition of											
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information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the	Informatio	on ingicated on this appual report o	r supplemental annual report is:	true and ac	CCUI	rate and	that my signature shall have the came legal	offect ac	if made un	dor oath: that	
Lam 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 in Block 12 or Block 13 if changed, or on an attachment with an address.	i am an c	inicer of director of the corporation.	or the receiver or trustee empor	wered to 🗪	eci	ate this r	ероп as required by Chapter 607, Florida St	atutes, an	d that my	name	