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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **801716** (2)

1. Corporation Name  
**INTEGON NATIONAL INSURANCE COMPANY**

Principal Place of Business

**500 W. FIFTH STREET  
P.O. BOX 2510  
WINSTON-SALEM NC 27152  
US**

Mailing Address

**P.O. BOX 3189  
P.O. BOX 2510  
WINSTON-SALEM NC 27102-2510  
US**



3. Date Incorporated or Qualified **02/13/1923** 3a. Date of Last Report **04/26/1996**

4. FEI Number **13-4941245** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**STATE COMMISSIONER OF INSURANCE  
CAPITOL BLDG.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of registered agent or registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE  
NAME **ANDREWS, STEVEN C**  
STREET ADDRESS **500 WEST FIFTH STREET**  
CITY- ST- ZIP **WINSTON-SALEM NC**

TITLE **VSD** ☐ DELETE  
NAME **JOHNSON, JOHN J**  
STREET ADDRESS **500 W FIFTH ST**  
CITY- ST- ZIP **WINSTON-SALEM NC**

TITLE **PD** ☒ DELETE  
NAME **LAMBIE, JAMES T**  
STREET ADDRESS **500 W FIFTH ST**  
CITY- ST- ZIP **WINSTON-SALEM NC**

TITLE **VD** ☐ DELETE  
NAME **LYON, ARTHUR S JR**  
STREET ADDRESS **500 W FIFTH ST**  
CITY- ST- ZIP **WINSTON-SALEM NC**

TITLE **VTD** ☒ DELETE  
NAME **MCCONNELL, JEFFERY B**  
STREET ADDRESS **500 W FIFTH ST**  
CITY- ST- ZIP **WINSTON-SALEM NC**

TITLE **VD** ☐ DELETE  
NAME **MCKEE, DONALD F**  
STREET ADDRESS **500 W FIFTH ST**  
CITY- ST- ZIP **WINSTON-SALEM NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Brian T. Sheekey**  
1.3 STREET ADDRESS **500 W. Fifth St.**  
1.4 CITY- ST- ZIP **Winston-Salem, NC 27152**

2.1 TITLE **D/P** ☐ Change ☒ Addition  
2.2 NAME **John B. Yorke**  
2.3 STREET ADDRESS **500 W. Fifth St.**  
2.4 CITY- ST- ZIP **Winston-Salem, NC 27152**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **John C. Beattie**  
3.3 STREET ADDRESS **500 W. Fifth St.**  
3.4 CITY- ST- ZIP **Winston-Salem, NC 27152**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John J. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97 (910) 770-2369

Date

Daytime Phone #

CR2E034 (9/96)