

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90080 031 \*\*\*150.00

DOCUMENT # 801716

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 3199  
P.O. BOX 2510  
WINSTON-SALEM NC 27102-3199  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1923

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 500 West Fifth St.

Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 3199

Suite, Apt. #, etc.

City & State

23 Winston-Salem, NC

Zip Country

24 27152 25 Forsyth

City & State

28 Winston-Salem, NC

Zip Country

29 27102-3199 30 Forsyth

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE  
NAME POE, SHEENA E  
STREET ADDRESS 500 W FIFTH ST  
CITY-ST-ZIP WINSTON-SALEM NC 27152

TITLE PD ☒ DELETE  
NAME REDMOND, DONALD P  
STREET ADDRESS 500 W FIFTH ST  
CITY-ST-ZIP WINSTON-SALEM 27

TITLE VD ☐ DELETE  
NAME BUSELMEIER, BERNARD J  
STREET ADDRESS 500 W FIFTH ST  
CITY-ST-ZIP WINSTON-SALEM NC 27152

TITLE D ☐ DELETE  
NAME BEATTIE, JOHN C  
STREET ADDRESS 500 W FIFTH ST  
CITY-ST-ZIP WINSTON-SALEM NC 27152

TITLE PD ☒ DELETE  
NAME YORKE, JOHN 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 PD ☐ Change ☒ Addition  
1.2 NAME Kusumi, Gary Y.  
1.3 STREET ADDRESS 500 W Fifth St  
1.4 CITY-ST-ZIP Winston-Salem, NC 27152

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Jakubowski, Kenneth J.  
2.3 STREET ADDRESS 500 W Fifth Street  
2.4 CITY-ST-ZIP Winston-Salem, NC 27152

3.1 TITLE VD ☐ Change ☒ Addition  
3.2 NAME Lyon, Arthur S., Jr.  
3.3 STREET ADDRESS 500 W Fifth Street  
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Sheena E. Poe

4/20/99

(336) 770-2675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)