

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 801716

1. Entity Name

INTEGON NATIONAL INSURANCE COMPANY

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90012 031 ***150.00

Principal Place of Business

Mailing Address

500 W. FIFTH STREET
WINSTON-SALEM NC 27152
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4941245

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE COMMISSIONER OF INSURANCE
CAPITOL BLDG.
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME JAKUBOWSKI, KENNETH J
STREET ADDRESS 500 W FIFTH ST
CITY-ST-ZIP WINSTON-SALEM 27

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE PD ☐ Change ☒ Addition
NAME Pamela H. Godwin
STREET ADDRESS 500 West Fifth St.
CITY-ST-ZIP Winston-Salem, NC 27152

TITLE PD ☐ Delete
NAME KUSUMI, GARY Y
STREET ADDRESS 500 W. FIFTH ST
CITY-ST-ZIP WINSTON-SALEM NC

TITLE D ☒ Change ☐ Addition
NAME Kusumi, Gary Y.
STREET ADDRESS 500 W. Fifth St.
CITY-ST-ZIP Winston-Salem, NC 27152

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheena Poe

Sheena E. Poe, Vice President, General

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Counsel & Secretary Date 1-31-2000

(956) 770-2675

CR2E034 (9/99)