

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 043 ***150.00

DOCUMENT # P38568

1. Entity Name
INTEGON CASUALTY INSURANCE COMPANY



Principal Place of Business
**500 WEST FIFTH STREET
WINSTON SALEM, NC 27152**

Mailing Address
**500 WEST FIFTH STREET
WINSTON SALEM, NC 27152**

14011208



2. Principal Place of Business

3. Mailing Address

02032004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
56-1764725

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
KUSUMI, GARY Y
ONE GMAC INSURANCE PLAZA
EARTH CITY, MO 63045** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
BUSELMEIER, BERNARD J
ONE GMAC INSURANCE PLAZA
EARTH CITY, MO 63045** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCA
PICKENS, DANIEL
500 WEST FIFTH STREET
WINSTON-SALEM, NC 27152** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JAKUBOWSKI, KENNETH J
500 W 5TH ST
WINSTON-SALEM, NC 27152** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BEATTIE, JOHN C
500 W 5TH ST
WINSTON-SALEM, NC 27152** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**VPD
Daniel J. Evangelista, Jr.
500 West Fifth Street
Winston-Salem, NC 27152**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheena Poe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheena E. Poe

4/20/04

(336) 770-2675

Date

Daytime Phone #