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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 # **P38568** (2)  
1. Corporation Name  
**INTEGON CASUALTY INSURANCE COMPANY**



Principal Place of Business Mailing Address  
**3060 SO. CHURCH ST.  
BURLINGTON NC 27215** **3060 SO. CHURCH ST.  
BURLINGTON NC 27215-5153**

3. Date Incorporated or Qualified **04/29/1992** 3a. Date of Last Report **04/26/1996**  
4. FEI Number **56-1764725** ☒ 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

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 person in charge of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, STEVEN CLARK	1.2 NAME	Brian T. Sheekey
STREET ADDRESS	500 WEST FIFTH ST	1.3 STREET ADDRESS	500 W. Fifth St.
CITY - ST - ZIP	WINSTON-SALEM NC	1.4 CITY - ST - ZIP	Winston-Salem, NC 27152
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JOHN J	2.2 NAME	John B. Yorke
STREET ADDRESS	500 WEST FIFT ST	2.3 STREET ADDRESS	500 W. Fifth St.
CITY - ST - ZIP	WINSTON-SALEM NC	2.4 CITY - ST - ZIP	Winston-Salem, NC 27152
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBIE, JAMES, T,	3.2 NAME	John C. Beattie
STREET ADDRESS	500 W FIFTH ST	3.3 STREET ADDRESS	500 W. Fifth St.
CITY - ST - ZIP	WINSTON-SALEM NC	3.4 CITY - ST - ZIP	Winston-Salem, NC 27152
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYON, ARTHUR S JR	4.2 NAME	
STREET ADDRESS	500 W FIFTH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC	4.4 CITY - ST - ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONNELL, JEFFERY B	5.2 NAME	
STREET ADDRESS	500 W FIFTH ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, DONALD F	6.2 NAME	
STREET ADDRESS	500 W FIFTH ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC	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 included 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 #

0010065

CR2E034 (9/96)