

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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P38568 (2)**  
1. Corporation Name  
**INTEGON CASUALTY INSURANCE COMPANY**

Principal Place of Business  
**3080 SO. CHURCH ST..  
BURLINGTON NC 27215**

Mailing Address  
**3080 SO. CHURCH ST..  
BURLINGTON NC 27215**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/29/1992</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country	31	32
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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.					

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	ANDREWS, STEVEN CLARK	1.2 NAME	Donald P. Redmond
STREET ADDRESS	500 WEST FIFTH ST	1.3 STREET ADDRESS	500 West Fifth St.
CITY-ST-ZIP	WINSTON-SALEM NC	1.4 CITY-ST-ZIP	Winston-Salem, NC 27152
TITLE	VSD	2.1 TITLE	VP/CFO/D
NAME	JOHNSON, JOHN J	2.2 NAME	Bernard J. Buselmeier
STREET ADDRESS	500 WEST FIFTH ST	2.3 STREET ADDRESS	500 West Fifth Street
CITY-ST-ZIP	WINSTON-SALEM NC	2.4 CITY-ST-ZIP	Winston-Salem, NC 27152
TITLE	D	3.1 TITLE	VP/GC/Sec/D
NAME	BEATTIE, JOHN C	3.2 NAME	Sheena E. Poe
STREET ADDRESS	500 W FIFTH ST	3.3 STREET ADDRESS	500 West Fifth St.
CITY-ST-ZIP	WINSTON-SALEM NC	3.4 CITY-ST-ZIP	Winston-Salem, NC 27152
TITLE	VD	4.1 TITLE	
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	D	5.1 TITLE	
NAME	BEATTIE, JOHN C	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	6.1 TITLE	
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 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.

(336) 770-2675

CR2E034 (10/97)