

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 90071 040 ***150.00

DOCUMENT # P38568

1. Corporation Name

INTEGON CASUALTY INSURANCE COMPANY

Principal Place of Business

3060 SO. CHURCH ST..
BURLINGTON NC 27215

Mailing Address

3060 SO. CHURCH ST..
BURLINGTON NC 27215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1992

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME REDMOND, DONALD P
STREET ADDRESS 500 W FIFTH ST
CITY-ST-ZIP WINSTON-SALEM NC 27152

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

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

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

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

3.1 TITLE VSD ☒ Change ☐ Addition
3.2 NAME Poe, Sheena E
3.3 STREET ADDRESS 500 W Fifth St.
3.4 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

4.1 TITLE VD ☐ Change ☒ Addition
4.2 NAME Jakubowski, Kenneth J.
4.3 STREET ADDRESS 500 W Fifth St
4.4 CITY-ST-ZIP Winston-Salem, NC 27152

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE VD ☐ Change ☒ Addition
5.2 NAME Beattie, John C.
5.3 STREET ADDRESS 500 W Fifth St.
5.4 CITY-ST-ZIP Winston-Salem, NC 27152

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)