

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38568

1. Entity Name

INTEGON CASUALTY INSURANCE COMPANY

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

02-15-2000 90004 033 ***150.00

Principal Place of Business

Mailing Address

3060 SO. CHURCH ST..
BURLINGTON NC 27215

3060 SO. CHURCH ST..
BURLINGTON NC 27215-5153

2. Principal Place of Business

500 West Fifth Street

3. Mailing Address

500 West Fifth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winston-Salem, NC 27152

City & State

Winston-Salem, NC 27152

4. FEI Number

56-1764725

Applied For

Not Applicable

Zip

27152

Country

USA

Zip

27152

Country

USA

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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	PD	<input type="checkbox"/> Delete
NAME	KUSUMI, GARY Y	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUSELMEIER, BERNARD J	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	POE, SHEENA E	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LYON, ARTHUR S JR	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAKUBOWSKI, KENNETH J	
STREET ADDRESS	500 W 5TH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEATTIE, JOHN C	
STREET ADDRESS	500 W 5TH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kusumi, Gary Y	
STREET ADDRESS	500 W Fifth St	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela H. Godwin	
STREET ADDRESS	500 W Fifth St	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beattie, John C	
STREET ADDRESS	500 W Fifth St.	
CITY-ST-ZIP	Winston-Salem, NC 27152	

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 E. Poe Sheena E. Poe, Vice President, General Counsel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

and Secretary

1/31/2000 (336)770-2675

CR2E034 (9/99)