

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 21 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801474 (8)

1. Corporation Name
INTEGON LIFE INSURANCE CORPORATION

Principal Place of Business Mailing Address

**500 WEST FIFTH ST
PO BOX 3199
WINSTON-SALEM NC 27152**

**500 WEST FIFTH ST
PO BOX 3199
WINSTON-SALEM NC 27102-3199
US**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|---|--------|---------------------|--------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 05/21/1921 | 08/04/1994 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 56-0392100 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | 28 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Zip | County | Zip | County | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

**INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL**

| | |
|---|----------------|
| 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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHARTLE, MARK, W | 1.2 NAME | DELETE |
| STREET ADDRESS | 500 W FIFTH ST | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | WINSTON SALEM NC | 1.4 CITY - ST - ZIP | |
| TITLE | DP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLVIN, WALTER B. | 2.2 NAME | DELETE |
| STREET ADDRESS | 500 W FIFTH ST | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | WINSTON SALEM, NC 0 | 2.4 CITY - ST - ZIP | |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTOCKS, N. RANDOLPH J | 3.2 NAME | DELETE |
| STREET ADDRESS | 500 W FIFTH ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | WINSTON SALEM, NC 0 | 3.4 CITY - ST - ZIP | |
| TITLE | VSD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DORSETT, SAM H., JR. | 4.2 NAME | |
| STREET ADDRESS | 500 W FIFTH ST | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | WINSTON SALEM, NC 0 | 4.4 CITY - ST - ZIP | |
| TITLE | V | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANN, ROBERT L. | 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 | VI | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOONTZ, GARY, L | 6.2 NAME | DELETE |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sam H. Dorsett, Jr. Date: 4/17/95 (910) 770-2249

801474

1988 Corporation Annual Report

Integon Life Insurance Corporation
Document # 801474

13. Additions/Changes to Officers and Directors:

V
BUTLER, DEBORAH S.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

VD
WALL, EARL F.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
DANIEL, WILLIS J., JR.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
YATES, TIMOTHY
500 WEST FIFTH ST.
WINSTON-SALEM, NC

PD
DAWSON, FREDERICK M.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
KIRBY, SUSAN
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
NEWMAN, FRED L., JR.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
POTTER, ROBERT A.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

T
RAINWATER, KEITH S.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
SMITH, TODD M.
500 WEST FIFTH ST.
WINSTON-SALEM, NC