

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 801474 (8)

1. Corporation Name  
**INTEGON LIFE INSURANCE CORPORATION**



Principal Place of Business: 500 WEST FIFTH ST, PO BOX 3199, WINSTON-SALEM NC 27152  
Mailing Address: 500 WEST FIFTH ST, PO BOX 3199, WINSTON-SALEM NC 27102-3199 US

3. Date Incorporated or Qualified: 05/21/1921  
3a. Date of Last Report: 04/21/1995  
4. FEI Number: 56-0392100  
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. 190.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21 2610 Wycliff Road, Raleigh, North Carolina, 27607 U.S.A.  
2a. Mailing Address: 26 2610 Wycliff Road, Raleigh, North Carolina, 27607 U.S.A.

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER, STATE OF FLORIDA, TALLAHASSEE FL

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83 400001832924 -05/21/96--01123--023, 84 City: \*\*\*200.00, 85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	DORSETT, SAM H., JR.	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON SALEM, NC 0	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DANN, ROBERT L.	
STREET ADDRESS	500 W. FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Greenberg, Allan D.	
13 STREET ADDRESS	2610 Wycliff Road	
14 CITY-ST-ZIP	Raleigh, North Carolina 27607	
21 TITLE	Director and President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Henson, Jim L.	
23 STREET ADDRESS	2610 Wycliff Road	
24 CITY-ST-ZIP	Raleigh, North Carolina 27607	
31 TITLE	Chairman of the Board & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Keebler, Nicholas C.	
33 STREET ADDRESS	2610 Wycliff Road	
34 CITY-ST-ZIP	Raleigh, North Carolina 27607	
41 TITLE	Sr. V.P., Gen. Counsel & Secy./Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Silverman, Scott D.	
43 STREET ADDRESS	2610 Wycliff Road	
44 CITY-ST-ZIP	Raleigh, North Carolina 27607	
51 TITLE	Sr. V.P. & Actuary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Granieri, Vincent J.	
53 STREET ADDRESS	2610 Wycliff Road	
54 CITY-ST-ZIP	Raleigh, North Carolina 27607	
61 TITLE	Sr. V.P., Chief Actuary & Sr. Fin. Off.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Prager, Michael J.	
63 STREET ADDRESS	2610 Wycliff Road	
64 CITY-ST-ZIP	Raleigh, North Carolina 27607	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia B. Butler PATRICIA Butler 4/23/96 919-786-8186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Printed

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**SIGNATURE:**

Patricia B. Butler PATRICIA BUTLER 4/23/96 919-786-8186  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

Patricia B. Butler  
Assistant Secretary  
2610 Wycliff Road  
Raleigh, North Carolina 27607  
(919) 786-8186 (phone)  
(919) 786-8300 (facsimile)