

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 2610 WYCLIFF ROAD RALEIGH NC 27607	Mailing Address 2610 WYCLIFF ROAD RALEIGH NC 27607
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 717 North Harwood	26 PO Box 2699		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State Dallas TX		City & State Dallas TX	
23	28		
Zip 75201	Country Dallas	Zip 75221-2699	Country Dallas
24	25	29	30

3. Date Incorporated or Qualified 05/21/1921	
4. FEI Number 56-0392100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPA <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILLIE, JAMES W	1.2 NAME	Mc Dermott, James P.
STREET ADDRESS	2610 WYCLIFF ROAD	1.3 STREET ADDRESS	717 North Harwood
CITY-ST-ZIP	RALEIGH NC	1.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	D/P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLON, JAMES A.	2.2 NAME	
STREET ADDRESS	2610 WYCLIFF ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	2.4 CITY-ST-ZIP	
TITLE	SVPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDOWELL, MARY H.	3.2 NAME	Jobson, Betty M.
STREET ADDRESS	2610 WYCLIFF ROAD	3.3 STREET ADDRESS	717 North Harwood
CITY-ST-ZIP	RALEIGH NC	3.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	SRVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERMAN, SCOTT D.	4.2 NAME	Pimsner, Richard P.
STREET ADDRESS	2610 WYCLIFF ROAD	4.3 STREET ADDRESS	717 North Harwood
CITY-ST-ZIP	RALEIGH NC 27607	4.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	SRVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANIERI, VINCENT J.	5.2 NAME	
STREET ADDRESS	2610 WYCLIFF ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27607	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, PATRICIA B.	6.2 NAME	Wilson, Mary M.
STREET ADDRESS	2610 WYCLIFF ROAD	6.3 STREET ADDRESS	717 North Harwood
CITY-ST-ZIP	RALEIGH NC	6.4 CITY-ST-ZIP	Dallas TX 75201

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 in an attachment with an address.

SIGNATURE _____ DATE **4-27-98** **241-954-7111**

CR2E034 (10/97)