

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 801716 (2)

1. Corporation Name
INTEGON NATIONAL INSURANCE COMPANY



Principal Place of Business 500 W. FIFTH STREET P.O. BOX 2510 WINSTON-SALEM NC 27152 US	Mailing Address P.O. BOX 3199 P.O. BOX 2510 WINSTON-SALEM NC 27102-3199 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/13/1923	
4. FEI Number 13-4941245	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

**STATE COMMISSIONER OF INSURANCE
 CAPITOL BLDG.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	V/S/D
NAME	ANDREWS, STEVEN C	1.2 NAME	Sheena E. Poe
STREET ADDRESS	500 WEST FIFTH STREET	1.3 STREET ADDRESS	500 West Fifth Street
CITY-ST-ZIP	WINSTON-SALEM NC	1.4 CITY-ST-ZIP	Winston-Salem, NC 27152
TITLE	VSD	2.1 TITLE	P/D
NAME	JOHNSON, JOHN J	2.2 NAME	Donald P. Redmond
STREET ADDRESS	500 W FIFTH ST	2.3 STREET ADDRESS	500 West Fifth Street
CITY-ST-ZIP	WINSTON-SALEM NC	2.4 CITY-ST-ZIP	Winston-Salem, NC 27152
TITLE	D	3.1 TITLE	V/D
NAME	SHEEKEY, BRIAN T	3.2 NAME	Bernard J. Buselmeier
STREET ADDRESS	500 W. FIFTH ST	3.3 STREET ADDRESS	500 West Fifth St.
CITY-ST-ZIP	WINSTON-SALEM NC	3.4 CITY-ST-ZIP	Winston-Salem, NC 27152
TITLE	VD	4.1 TITLE	D
NAME	LYON, ARTHUR S JR	4.2 NAME	John C. Beattie
STREET ADDRESS	500 W FIFTH ST	4.3 STREET ADDRESS	500 West Fifth Street
CITY-ST-ZIP	WINSTON-SALEM NC	4.4 CITY-ST-ZIP	Winston-Salem, NC 27152
TITLE	PD	5.1 TITLE	
NAME	YORKE, JOHN B	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	VD	6.1 TITLE	
NAME	MCKEE, DONALD F	6.2 NAME	
STREET ADDRESS	500 W FIFTH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sheena E. Poe
1.3 STREET ADDRESS	500 West Fifth Street
1.4 CITY-ST-ZIP	Winston-Salem, NC 27152
2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald P. Redmond
2.3 STREET ADDRESS	500 West Fifth Street
2.4 CITY-ST-ZIP	Winston-Salem, NC 27152
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bernard J. Buselmeier
3.3 STREET ADDRESS	500 West Fifth St.
3.4 CITY-ST-ZIP	Winston-Salem, NC 27152
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John C. Beattie
4.3 STREET ADDRESS	500 West Fifth Street
4.4 CITY-ST-ZIP	Winston-Salem, NC 27152
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____ (336) 770-2675

CR2E034 (10/97)