


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 045 ***150.00

DOCUMENT # 801716							
1. Entity Name INTEGON NATIONAL INSURANCE COMPANY							
Principal Place of Business 500 W. FIFTH STREET WINSTON-SALEM, NC 27152 US			Mailing Address P.O. BOX 3199 WINSTON-SALEM, NC 27102-3199 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 13-4941245			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
				Applied For Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POE, SHEENA E		NAME				
STREET ADDRESS	500 WEST FIFTH STREET		STREET ADDRESS				
CITY-ST-ZIP	WINSTON-SALEM, NC 27152		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JAKUBOWSKI, KENNETH J		NAME	Daniel J. Evangelista, Jr.			
STREET ADDRESS	500 W FIFTH ST		STREET ADDRESS	500 West Fifth Street			
CITY-ST-ZIP	WINSTON-SALEM, 27		CITY-ST-ZIP	Winston Salem, NC 27152			
TITLE	EVPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUSELMEIER, BERNARD J		NAME				
STREET ADDRESS	ONE GMAC INSURANCE PLAZA		STREET ADDRESS				
CITY-ST-ZIP	HAZELWOOD, MO 63045		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEATTIE, JOHN C		NAME				
STREET ADDRESS	500 W FIFTH ST		STREET ADDRESS				
CITY-ST-ZIP	WINSTON-SALEM, NC 27152		CITY-ST-ZIP				
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUSUMI, GARY Y		NAME				
STREET ADDRESS	ONE GMAC INSURANCE PLAZA		STREET ADDRESS				
CITY-ST-ZIP	EARTH CITY, MO 63045		CITY-ST-ZIP				
TITLE	VDCA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PICKENS, DANIEL		NAME				
STREET ADDRESS	500 W FIFTH ST		STREET ADDRESS				
CITY-ST-ZIP	WINSTON SALEM, NC 27152		CITY-ST-ZIP				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Sheena Poe</u>		Sheena E. Poe		4/20/04 (336) 770-2675			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			