

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90284 010 ***150.00

0663468 AB

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-4941245		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
STATE COMMISSIONER OF INSURANCE CAPITOL BLDG. TALLAHASSEE FL 32301				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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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 type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAKUBOWSKI, KENNETH J			NAME			
STREET ADDRESS	500 W FIFTH ST			STREET ADDRESS			
CITY-ST-ZIP	WINSTON-SALEM 27			CITY-ST-ZIP			
TITLE	EVPC	<input type="checkbox"/> Delete		TITLE	EVP CFO D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSELMEIER, BERNARD J			NAME	Buselmeier, Bernard J.		
STREET ADDRESS	500 W FIFTH ST			STREET ADDRESS	One GMAC Insurance Plaza		
CITY-ST-ZIP	WINSTON-SALEM NC 27152			CITY-ST-ZIP	Hazelwood, MO 63045		
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	P CEO D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUSUMI, GARY Y			NAME	Kusumi, Gary Y.		
STREET ADDRESS	500 W. FIFTH ST			STREET ADDRESS	One GMAC Insurance Plaza		
CITY-ST-ZIP	WINSTON-SALEM NC 27152			CITY-ST-ZIP	Hazelwood, MO 63045		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP CA D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICKENS, DANIEL			NAME	Pickens, Daniel C		
STREET ADDRESS	500 W FIFTH ST			STREET ADDRESS	500 West Fifth Street		
CITY-ST-ZIP	WINSTON-SALEM NC			CITY-ST-ZIP	Winston-Salem, NC 27152		

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: SIGNATURE REQUIRED Sheena E. Poe 4/24/03 (336) 770-2675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)