

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90512 025 ***150.00

DOCUMENT # 812455

1. Entity Name

INTEGON INDEMNITY CORPORATION

Principal Place of Business

**500 WEST FIFTH STREET
P.O. BOX 3199
WINSTON-SALEM NC 27102-3199
US**

Mailing Address

**500 WEST FIFTH STREET
P.O. BOX 3199
WINSTON-SALEM NC 27102-3199
US**

923099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-0473714**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KUSUMI, GARY Y**
STREET ADDRESS **500 W FIFTH ST**
CITY-ST-ZIP **WINSTON-SALEM NC 27152**

TITLE **D** ☐ Change ☒ Addition
NAME **Daniel C. Pickens**
STREET ADDRESS **500 W Fifth Street**
CITY-ST-ZIP **Winston-Salme, NC 27152**

TITLE **VD** ☐ Delete
NAME **BUSELMEIER, BERNARD J**
STREET ADDRESS **500 W FIFTH ST**
CITY-ST-ZIP **WINSTON-SALEM NC 27152**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **POE, SHEENA E**
STREET ADDRESS **500 W FIFTH ST**
CITY-ST-ZIP **WINSTON-SALEM NC 27152**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BEATTIE, JOHN C**
STREET ADDRESS **500 W FIFTH ST**
CITY-ST-ZIP **WINSTON-SALEM NC 27152**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **LYON, ARTHUR S. JR.**
STREET ADDRESS **500 W. FIFTH ST.**
CITY-ST-ZIP **WINSTON-SALEM NC**

TITLE **PD** ☐ Change ☒ Addition
NAME **Pamela H. Godwin**
STREET ADDRESS **500 West Fifth Street**
CITY-ST-ZIP **Winsoth-Salem, NC 27152**

TITLE **VD** ☒ Delete
NAME **JAKUBOWSKI, KENNETH J**
STREET ADDRESS **500 W FIFTH ST**
CITY-ST-ZIP **WINSTON-SALEM NC**

TITLE **D** ☒ Change ☐ Addition
NAME **Jakubowski, kenneth J.**
STREET ADDRESS **500 West Fifth Street**
CITY-ST-ZIP **Winston-Salem, NC 27152**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheena E. Poe
Sheena E. Poe, VP, General Counsel & Secretary

1-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(336) 770-2675

CR2E034 (10/00)