2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#812455

Entity Name: INTEGON INDEMNITY CORPORATION

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
500 WEST FIFTH STREET P.O.BOX 3199 WINSTON-SALEM, NC 271023199 US						
Current Mailing Address:			New Mailir	New Mailing Address:		
500 WEST FIFTH STREET P.O.BOX 3199 WINSTON-SALEM, NC 271023199 US						
FEI Number:	56-0473714	FEI Number Applied For () FEI Nu	mber Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US						
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:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO () [KUSUMI, GARY \ ONE GMAC INSU HAZELWOOD, M	JRANCE PLAZA	Title: Name: Address: City-St-Zip:	PCEO (X) Change () Addition KUSUMI, GARY Y 13736 RIVERPORT DRIVE, SUITE 700 MARYLAND HEIGHTS, MO 63043		
Title: Name: Address: City-St-Zip:	BUSELMEIER, B	JSRANCE PLAZA	Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition BUSELMEIER, BERNARD J 13736 RIVERPORT DRIVE, SUITE 700 MARYLAND HEIGHTS, MO 63043		
Title: Name: Address: City-St-Zip:	VPS ()[POE, SHEENA E 500 W FIFTH ST WINSTON-SALE		Title: Name: Address: City-St-Zip:	VPDS (X) Change () Addition POE, SHEENA E 500 W FIFTH ST WINSTON-SALEM, NC 27152		
Title: Name: Address: City-St-Zip:	VPD ()[BEATTIE, JOHN 9 500 W FIFTH ST WINSTON-SALE	-	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition BEATTIE, JOHN C 500 W FIFTH ST WINSTON-SALEM, NC 27152		
Title: Name: Address: City-St-Zip:	VCD () E PICKENS, DANIE 500 WEST FIFTH WINSTON SALE	STREET	Title: Name: Address: City-St-Zip:	VCD (X) Change () Addition PICKENS, DANIEL C 500 WEST FIFTH STREET WINSTON SALEM, NC 27152		
Title: Name: Address: City-St-Zip:	VPD () EVAGELISTA, DA 500 W FIFTH ST WINSTON SALEI		Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEENA E. POE VPDS 04/26/2005