

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90004 032 ***150.00

DOCUMENT # 817530

1. Entity Name

INTEGON PREFERRED INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

500 WEST FIFTH STREET
 WINSTON-SALEM NC 27152
 US

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

06-0910450

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 BUILDING
 TALLAHASSEE FL 32304**

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, 2000 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	VD	<input type="checkbox"/> Delete
NAME	BUSELMEIER, BERNARD J	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KUSUMI, GARY Y	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	POE, SHEENA E	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEATTIE, JOHN C	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LYON, ARTHUR S JR.	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAKUBOWSKI, KENNETH J	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kusumi, Gary Y.	
STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela H. Godwin	
STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Poe **RECEIVED** (Sheena E.) Poe, Vice President, General

Counsel & Secretary Date 1-31-2000 (996)770-2675

CR2E034 (9/99)