^22003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

817530 **DOCUMENT #**

1. Entity Name

Principal Place of Business

INTEGON PREFERRED INSURANCE COMPANY



May 05, 2003 8:00 am & Secretary of State
05-05-2003 90284 008 ***150.00

!

500 WEST FIFTH STREET WINSTON-SALEM NC 27152 US		P.O. E	P.O. BOX 3199 WINSTON-SALEM NC 27102-3199 US					(
2. Principal Place of Business		3. Mail	3. Mailing Address					81811 4 1811 1		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	e .	City	City & State			O6-0910450			oplied For ot Applicable	
Zip	Country	Zip		Country	5. (Certificate of Status Desired		8.75 Addee Require		
6. Name and Address of Current Registered Agent					7. N	lame and Address of New Regist	ered Ag	ent		
				Name						
INSURANCE COMMISSIONER,				Chanal	44 (DO D	Ni		 -		
THE CAPITOL BUILDING			Street Address		daress (F.O. B	ox Number is Not Acceptable)				
	SSEE FL 32304									
	70LL 1 L 02001			City			FL	Zip Cod	e	
8. The above	named entity submits this statement	for the purp	nse of changing its re	l enistered office o	r registered age	ent or both in the State of Florida		niliar with	and accept	
	ions of registered agent.	tor the purp	ose of changing its it	agistered dirice C	registered age	ent, or both, in the state of riolida.	1 alli lai	micze witti,	and accept	
	• •								Ì	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if anni	icable (NOTE:	Registered Agent signa	ture required when re	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of \$						 Election Campaign Financin Trust Fund Contribution. 	ng 🗆		May Be I to Fees	
10.	OFFICERS AN	D DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTOR:	5 IN 11	
TITLE	EVPC		☐ Delete	TITLE	EVP CF	D D	18	Change	☐ Addition	
NAME	BUSELMEIER, BERNARD J			NAME	Buselme	eier, Bernard J.				
STREET ADDRESS				STREET ADDRESS	One GM	One GMAC Insurance Plaza				
CITY-ST-ZIP	WINSTON-SALEM NC 27152			CITY-ST-ZIP	Hazelwo	ood, MO 63045				
TITLE	PCEO		☐ Delete	TITLE	P CEO I				☐ Addition	
NAME	KUSUMI, GARY Y						X	Change :		
STREET ADDRESS	500 W FIFTH ST			NAME	Kusumi	, Gary Y	X	∐ Change		
CITY-ST-ZIP		•		STREET ADDRESS	Kusumi One GM	, Gary Y AC Insurance Plaza	X	∟ Change		
	WINSTON-SALEM NC 27152	•			Kusumi One GM	, Gary Y	X	∐ Change		
TITLE			☐ Delete	STREET ADDRESS	Kusumi One GM	, Gary Y AC Insurance Plaza		Change Change	☐ Addition	
TITLE NAME	WINSTON-SALEM NC 27152 VPS	· 	☐ Delete	STREET ADDRESS CITY-ST-ZIP	Kusumi One GM	, Gary Y AC Insurance Plaza			☐ Addition	
	WINSTON-SALEM NC 27152		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	Kusumi One GM	, Gary Y AC Insurance Plaza			☐ Addition	
NAME	WINSTON-SALEM NC 27152 VPS POE, SHEENA E		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	Kusumi One GM	, Gary Y AC Insurance Plaza			☐ Addition	
NAME STREET ADDRESS	WINSTON-SALEM NC 27152 VPS POE, SHEENA E 500 W FIFTH ST WINSTON-SALEM NC 27152	-		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Kusumi One GM	, Gary Y AC Insurance Plaza	Ε			
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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:

SANATURE REQUIRE Sheena E. Poe

(336) 770-2675

Daytime Phone #