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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801474 (8)
1. Corporation Name
INTEGON LIFE INSURANCE CORPORATION

Principal Place of Business Mailing Address

**500 WEST FIFTH ST
PO BOX 3199
WINSTON-SALEM NC 27152**

**500 WEST FIFTH ST
PO BOX 3199
WINSTON-SALEM NC 27102-3199
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		05/21/1921	08/04/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		56-0392100	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	<input type="checkbox"/>
Zip	County	Zip	County	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARTLE, MARK, W	1.2 NAME	DELETE
STREET ADDRESS	500 W FIFTH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINSTON SALEM NC	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, WALTER B.	2.2 NAME	DELETE
STREET ADDRESS	500 W FIFTH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINSTON SALEM, NC 0	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTOCKS, N. RANDOLPH J	3.2 NAME	DELETE
STREET ADDRESS	500 W FIFTH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINSTON SALEM, NC 0	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSETT, SAM H., JR.	4.2 NAME	
STREET ADDRESS	500 W FIFTH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINSTON SALEM, NC 0	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANN, ROBERT L.	5.2 NAME	
STREET ADDRESS	500 W. FIFTH ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC	5.4 CITY - ST - ZIP	
TITLE	VI	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONTZ, GARY, L	6.2 NAME	DELETE
STREET ADDRESS	500 W FIFTH ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sam H. Dorsett, Jr. Date: 4/17/95 (910) 770-2249

801474

1988 Corporation Annual Report

Integon Life Insurance Corporation
Document # 801474

13. Additions/Changes to Officers and Directors:

V
BUTLER, DEBORAH S.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

VD
WALL, EARL F.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
DANIEL, WILLIS J., JR.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
YATES, TIMOTHY
500 WEST FIFTH ST.
WINSTON-SALEM, NC

PD
DAWSON, FREDERICK M.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
KIRBY, SUSAN
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
NEWMAN, FRED L., JR.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
POTTER, ROBERT A.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

T
RAINWATER, KEITH S.
500 WEST FIFTH ST.
WINSTON-SALEM, NC

V
SMITH, TODD M.
500 WEST FIFTH ST.
WINSTON-SALEM, NC