

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 2610 WYCLIFF ROAD, RALEIGH NC 27807
Mailing Address: 2610 WYCLIFF ROAD, RALEIGH NC 27807-3063

3. Date Incorporated or Qualified: 05/21/1921
3a. Date of Last Report: 05/01/1996
4. FEI Number: 56-0392100
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, ALLAN D.	
STREET ADDRESS	2610 WYCLIFF ROAD	
CITY-ST-ZIP	RALEIGH NC 27807	
TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	HENSON, JIM L.	
STREET ADDRESS	2610 WYCLIFF ROAD	
CITY-ST-ZIP	RALEIGH NC 27807	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	KEEBLER, NICHOLAS C.	
STREET ADDRESS	2610 WYCLIFF ROAD	
CITY-ST-ZIP	RALEIGH NC 27807	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	SILVERMAN, SCOTT D.	
STREET ADDRESS	2610 WYCLIFF ROAD	
CITY-ST-ZIP	RALEIGH NC 27807	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	GRANIERI, VINCENT J.	
STREET ADDRESS	2610 WYCLIFF ROAD	
CITY-ST-ZIP	RALEIGH NC 27807	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUTLER, PATRICIA B.	
STREET ADDRESS	2610 WYCLIFF ROAD	
CITY-ST-ZIP	RALEIGH NC 27807	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Dir., V.P., Assoc. Gen.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James W. Lillie, Jr. Counsel & Secy.	
1.3 STREET ADDRESS	2610 Wycliff Road	
1.4 CITY-ST-ZIP	Raleigh, NC 27807	
2.1 TITLE	Dir., President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James A. Mallon	
2.3 STREET ADDRESS	2610 Wycliff Road	
2.4 CITY-ST-ZIP	Raleigh, NC 27807	
3.1 TITLE	Sr.V.P. (Finance) & Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary H. McDowell	
3.3 STREET ADDRESS	2610 Wycliff Road	
3.4 CITY-ST-ZIP	Raleigh, NC 27807	
4.1 TITLE	V.P., Chief Actuary and	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert A. Potter	
4.3 STREET ADDRESS	2610 Wycliff Road	
4.4 CITY-ST-ZIP	Raleigh, NC 27807	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: Patricia B. Butler Assistant Secy. 1/22/97 919-786-8186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)