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Mar 05 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 # 812455 (4)
 1. Corporation Name
INTEGON INDEMNITY COMPANY



Principal Place of Business Mailing Address
500 WEST FIFTH STREET **500 WEST FIFTH STREET**
P.O. BOX 3199 **P.O. BOX 3199**
WINSTON-SALEM NC 27102-3199 **WINSTON-SALEM NC 27102-3199**
US **US**

3. Date Incorporated or Qualified **01/08/1958** 3a. Date of Last Report **04/26/1996**

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

4. FEI Number **56-0473714** 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

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL
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 **FL** 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	V	<input checked="" type="checkbox"/> DELETE
NAME	VISINTINE, GERALD R.	
STREET ADDRESS	500 W. FIFTH ST.	
CITY - ST - ZIP	WINSTON-SALEM NC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MATTOCKS JR., NOLAND R.	
STREET ADDRESS	500 W. FIFTH STREET	
CITY - ST - ZIP	WINSTON-SALEM NC	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN J	
STREET ADDRESS	500 W. FIFTH ST.	
CITY - ST - ZIP	WINSTON-SALEM NC	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAMBIE, JAMES T	
STREET ADDRESS	500 W. FIFTH ST.	
CITY - ST - ZIP	WINSTON-SALEM NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LYON, ARTHUR S. JR.	
STREET ADDRESS	500 W. FIFTH ST.	
CITY - ST - ZIP	WINSTON-SALEM NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steven C. Andrews	
1.3 STREET ADDRESS	500 W. Fifth St.	
1.4 CITY - ST - ZIP	Winston-Salem, NC 27152	
2.1 TITLE	D/SVP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald K. McKee	
2.3 STREET ADDRESS	500 W. Fifth St.	
2.4 CITY - ST - ZIP	Winston-Salem, NC 27152	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brian T. Sheekey	
3.3 STREET ADDRESS	500 W. Fifth St.	
3.4 CITY - ST - ZIP	Winston-Salem, NC 27152	
4.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John B. Yorke	
4.3 STREET ADDRESS	500 W. Fifth St.	
4.4 CITY - ST - ZIP	Winston-Salem, NC 27152	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John C. Beattie	
5.3 STREET ADDRESS	500 W. Fifth St.	
5.4 CITY - ST - ZIP	Winston-Salem, NC 27152	
6.1 TITLE		<input 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: *John J. Johnson* 2/26/97 (910) 770-2569
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)