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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 P.O.BOX 3199 WINSTON-SALEM NC 27102-3199 US	500 WEST FIFTH STREET P.O.BOX 3199 WINSTON-SALEM NC 27102-3199 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business [redacted]

22 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified: 01/08/1958

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DEVP	☐ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	ANDREWS, STEVEN C		1.2 NAME	Donald P. Redmond	
STREET ADDRESS	500 W FIFTH ST		1.3 STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	WINSTON-SALEM NC		1.4 CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	DSVP	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MCKEE, DONALD K		2.2 NAME	Bernard J. Buselmeier	
STREET ADDRESS	500 W FIFTH ST		2.3 STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	WINSTON-SALEM NC		2.4 CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	VSD	☒ DELETE	3.1 TITLE	VSD	☐ Change ☒ Addition
NAME	JOHNSON, JOHN J		3.2 NAME	Sheena E. Poe	
STREET ADDRESS	500 W. FIFTH ST.		3.3 STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	WINSTON-SALEM NC		3.4 CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	DP	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	YORKE, JOHN B		4.2 NAME	John C. Beattie	
STREET ADDRESS	500 W FIFTH ST		4.3 STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	WINSTON-SALEM NC		4.4 CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LYON, ARTHUR S. JR.		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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHEEKEY, BRIAN T		6.2 NAME		
STREET ADDRESS	500 W FIFTH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINSTON-SALEM NC		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: [signature] 1/29/98 (336) 770-2675