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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90080 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812455
 1. Corporation Name
INTEGON INDEMNITY CORPORATION



Principal Place of Business 500 WEST FIFTH STREET P.O. BOX 3199 WINSTON-SALEM NC 27102-3199 US	Mailing Address 500 WEST FIFTH STREET P.O. BOX 3199 WINSTON-SALEM NC 27102-3199 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/08/1958	Applied For Not Applicable
4. FEI Number 56-0473714	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	REDMOND, DONALD P
STREET ADDRESS	500 W FIFTH ST
CITY-ST-ZIP	WINSTON-SALEM NC 27152
TITLE	VD <input type="checkbox"/> DELETE
NAME	BUSELMEIER, BERNARD J
STREET ADDRESS	500 W FIFTH ST
CITY-ST-ZIP	WINSTON-SALEM NC 27152
TITLE	VSD <input type="checkbox"/> DELETE
NAME	POE, SHEENA E
STREET ADDRESS	500 W FIFTH ST
CITY-ST-ZIP	WINSTON-SALEM NC 27152
TITLE	D <input type="checkbox"/> DELETE
NAME	BEATTIE, JOHN C
STREET ADDRESS	500 W FIFTH ST
CITY-ST-ZIP	WINSTON-SALEM NC 27152
TITLE	VD <input type="checkbox"/> DELETE
NAME	LYON, ARTHUR S. JR.
STREET ADDRESS	500 W. FIFTH ST.
CITY-ST-ZIP	WINSTON-SALEM NC
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHEEKEY, BRIAN T
STREET ADDRESS	500 W FIFTH ST
CITY-ST-ZIP	WINSTON-SALEM NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kusumi, Gary Y.
1.3 STREET ADDRESS	500 W Fifth St
1.4 CITY-ST-ZIP	Winston-Salem, NC 27152
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jakubowski, Kenneth J.
2.3 STREET ADDRESS	500 W Fifth St
2.4 CITY-ST-ZIP	Winston-Salem, NC 27152
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: SHEENA E. POE 4/20/99 (336) 770-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00104

CR2E034 (1/1/98)