2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90284 004 ***150.00

DOCUMENT # 812455

1. Entity Name
INTEGON INDEMNITY CORPORATION

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

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-0473714 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO KUSUMI, GARY Y 500 W FIFTH ST WINSTON-SALEM NC 27152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CEO D Kusumi, Gary Y One GMAC Insurance Plaza Hazelwood, MO 63045	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP BUSELMEIER, BERNARD J 500 W FIFTH ST WINSTON-SALEM NC 27152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP CFO D Buselmeier, Bernard J One GMAC Insurance Plaza Hazelwood, MO 63045	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS POE, SHEENA E 500 W FIFTH ST WINSTON-SALEM NC 27152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BEATTIE, JOHN C 500 W FIFTH ST WINSTON-SALEM NC 27152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PICKENS, DANIEL 500 WEST FIFTH STREET WINSTON-SALEM NC 27152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CA D Pickens, Daniel C 500 West Fifth Street Winston-Salem, NC 27152	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JAKUBOWSKI, KENNETH J 500 W FIFTH ST WINSTON-SALEM NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Sheena E. Poe 4/24/03 (336) 770-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #