

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815259

FILED
Apr 26, 2006
Secretary of State

Entity Name: INTEGON GENERAL INSURANCE CORPORATION

Current Principal Place of Business:

500 WEST FIFTH STREET
P.O. BOX 3199
WINSTON SALEM, NC 271023199 US

New Principal Place of Business:

Current Mailing Address:

500 WEST FIFTH STREET
P.O. BOX 3199
WINSTON SALEM, NC 271023199 US

New Mailing Address:

FEI Number: 56-0751402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDCE () Delete
Name: KUSUMI, GARY Y
Address: 500 W FIFTH ST
City-St-Zip: WINSTON-SALEM, NC 27152

Title: EVCD () Delete
Name: BUSSELMEIER, BERNARD J
Address: 500 WEST FIFTH ST
City-St-Zip: WINSTON-SALEM, NC 27152

Title: DVS () Delete
Name: POE, SHEENA E
Address: 500 W FIFTH ST
City-St-Zip: WINSTON-SALEM, NC 27152

Title: VD () Delete
Name: BEATTIE, JOHN C
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27152

Title: VPD () Delete
Name: EVANGELISTA, DANIEL J JR
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27152

Title: DVA () Delete
Name: PICKENS, DANIEL C
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON SALEM, NC 27152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDCE (X) Change () Addition
Name: KUSUMI, GARY Y
Address: 500 W FIFTH ST
City-St-Zip: WINSTON-SALEM, NC 27152

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEENA E. POE

DVS

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date