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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 817530 (9)

1. Corporation Name
INTEGON PREFERRED INSURANCE COMPANY

Principal Place of Business Mailing Address

**700 STANLEY DR
NEW BRITAIN CT 06050
US** **P. O. BOX 1636
INDIANAPOLIS IN 46206
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 500 West Fifth Street		26 P. O. Box 3199		12/10/1963	02/07/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Winston-Salem, NC		28 Winston-Salem, NC		06-0910450	Not Applicable
24 Zip 27152	25 Country USA	29 Zip 27102-3199	30 Country USA	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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER, THE CAPITOL BUILDING TALLAHASSEE FL 32304				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 the 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURLEY, CEDRIC F	1.2 NAME	DELETE
STREET ADDRESS	500 N. MERIDIAN STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANAPOLIS IN	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBER, THOMAS M.	2.2 NAME	DELETE
STREET ADDRESS	500 N MERIDIAN STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANAPOLIS IN	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCHECOURT, JEROME D	3.2 NAME	DELETE
STREET ADDRESS	85 WOODLAND ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	HARTFORD CT	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, ELLEN L	4.2 NAME	DELETE
STREET ADDRESS	95 WOODLAND STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	HARTFORD CT	4.4 CITY- ST- ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHEL, FREDERICK E.	5.2 NAME	DELETE
STREET ADDRESS	500 N MERIDIAN STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANAPOLIS IN	5.4 CITY- ST- ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLEDNA, DANIEL T	6.2 NAME	DELETE
STREET ADDRESS	500 N MERIDIAN ST	6.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANAPOLIS IN	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statute. 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: *N. Randolph Mattocks, Jr.* **N. Randolph Mattocks, Jr.** **4/12/95** **(910) 770-2218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Mailing Address)

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1995 Corporation Annual Report

Integon Preferred Insurance Company
Document # 817530

13. Additions/Changes to Officers and Directors:

V/D
ANDREWS, STEVEN C.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V/D
MARTIN, ANDREW P.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V/D
DILLON, DAVID A.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
MATTOCKS, N. RANDOLPH, JR.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
DURKEE, LANCE D.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
FORCARI, JAMES A., III
500 W. FIFTH ST.
WINSTON-SALEM, NC

V/D
EMERSON, BERTRAND M., II
500 W. FIFTH ST.
WINSTON-SALEM, NC

AT (Assistant Treasurer)
RUSSELL, SHERRILL D.
500 W. FIFTH ST.
WINSTON-SALEM, NC
(There is no appointed
Treasurer at this time.)

V
GUNTNER, BARBARA A.
3060 S. CHURCH ST.
BURLINGTON, NC

V
SPRAY, GREGORY L.
3060 S. CHURCH ST.
BURLINGTON, NC

V/S/D
JOHNSON, JOHN J.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
TWOMBLY, TERRY E.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
KERNODLE, SETH E.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
VISINTINE, GERALD R.
500 W. FIFTH ST.
WINSTON-SALEM, NC

P/D
LAMBIE, JAMES T.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V/D
LYON, ARTHUR S., JR.
500 W. FIFTH ST.
WINSTON-SALEM, NC