

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **817530** (9)
1. Corporation Name
INTEGON PREFERRED INSURANCE COMPANY



Principal Place of Business: **500 WEST FIFTH STREET WINSTON-SALEM NC 27152 US**
Mailing Address: **P.O. BOX 3199 WINSTON-SALEM NC 27102-3199 US**

3. Date Incorporated or Qualified: **12/10/1963**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **06-0910450**
Applied For: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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

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 on following lines. Date typed on following line.

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDREWS, STEVEN C.	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DILLON, DAVID A.	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DURKEE, LANCE D.	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EMERSON, BERTRAND M., II	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GUNTNER, BARBARA A.	
STREET ADDRESS	3060 S CHURCH ST	
CITY-ST-ZIP	BURLINGTON NC	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN J.	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lambie, James I.	
1.3 STREET ADDRESS	500 W. Fifth St.	
1.4 CITY-ST-ZIP	Winston-Salem, NC	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lyon, Arthur S., Jr.	
2.3 STREET ADDRESS	500 W. Fifth St.	
2.4 CITY-ST-ZIP	Winston-Salem, NC	
3.1 TITLE	V/I/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McConnell, Jeffrey B.	
3.3 STREET ADDRESS	500 W. Fifth St.	
3.4 CITY-ST-ZIP	Winston-Salem, NC	
4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McKee, Donald F.	
4.3 STREET ADDRESS	500 W. Fifth St.	
4.4 CITY-ST-ZIP	Winston-Salem, NC	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Yorke, John B.	
5.3 STREET ADDRESS	500 W. Fifth St.	
5.4 CITY-ST-ZIP	Winston-Salem, NC	
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 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(3)(k), 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: *John J. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Johnson

4/18/96 (910) 770-2369

CR2E034 (12/95)