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Secretary of State



PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 3189  
WINSTON-SALEM NC 27102-3189  
US

3. Date Incorporated or Qualified 12/10/1963  
3a. Date of Last Report 04/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 06-0910450	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

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
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ANDREWS, STEVEN C. 500 W FIFTH ST WINSTON-SALEM NC	1.1 TITLE	D Brian T. Sheekey 500 W. Fifth St. Winston-Salem, NC 27152
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	PD LAMBIE, JAMES T 500W FIFTH ST WINSTON-SALEM NC	2.1 TITLE	D/P John B. Yorke 500 W. Fifth St. Winston-Salem, NC 27152
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD LYON, ARTHUR S JR 500 W FIFTH ST WINSTON-SALEM NC	3.1 TITLE	D John C. Beattie 500 W. Fifth St. Winston-Salem, NC 27152
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VTD MCCONNELL, JEFFREY B 500 W FIFTH ST WINSTON-SALEM NC	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VD MCKEE, DONALD F 3060 S CHURCH ST BURLINGTON NC	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	VSD JOHNSON, JOHN J. 500 W FIFTH ST WINSTON-SALEM NC	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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* 2/26/97 (910) 770-2369  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)