

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/10/1963	
4. FEI Number 06-0910450	Applied For <input type="checkbox"/> Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER,
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** **B5** 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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D	<input type="checkbox"/> DELETE
NAME	SHEEKEY, BRIAN T	
STREET ADDRESS	500 WEST FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LYON, ARTHUR S JR	
STREET ADDRESS	500 W FIFTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YORKE, JOHN B	
STREET ADDRESS	500 WST FIRTH ST	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, DONALD F	
STREET ADDRESS	3080 S CHURCH ST	
CITY-ST-ZIP	BURLINGTON NC	
TITLE	VSD	<input checked="" 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		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernard J. Buselmeier	
STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald P. Redmond	
STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheena E. Poe	
STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John C. Beattie	
STREET ADDRESS	500 West Fifth Street	
CITY-ST-ZIP	Winston-Salem, NC 27152	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. 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 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.

(336) 770-2675

CR2E034 (10/97)