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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90100 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 817530

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/10/1963  
 4. FEI Number: 06-0910450  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: Yes 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  
 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	
TITLE	VD <input type="checkbox"/> DELETE
NAME	BUSELMEIER, BERNARD J
STREET ADDRESS	500 W FIFTH ST
CITY-ST-ZIP	WINSTON-SALEM NC 27152
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	REDMOND, DONALD P
STREET ADDRESS	500 W FIFTH ST
CITY-ST-ZIP	WINSTON-SALEM NC 27152
TITLE	VSD <input type="checkbox"/> DELETE
NAME	POE, SHEENA E
STREET ADDRESS	500 W FIFTH ST
CITY-ST-ZIP	WINSTON-SALEM NC 27152
TITLE	D <input type="checkbox"/> DELETE
NAME	BEATTIE, JOHN C
STREET ADDRESS	500 W FIFTH ST
CITY-ST-ZIP	WINSTON-SALEM NC 27152
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kusumi, Gary Y.
1.3 STREET ADDRESS	500 W Fifth St
1.4 CITY-ST-ZIP	Winston-Salem, NC 27152
2.1 TITLE	VD <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 27152
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jakubowski, Kenneth J.
3.3 STREET ADDRESS	500 W Fifth St
3.4 CITY-ST-ZIP	Winston-Salem, NC 27152
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with a like other empowered.

SIGNATURE: Sheena E. Poe Sheena E. Poe 4-20-99 (336) 770-2675  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)