

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817530

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: INTEGON PREFERRED INSURANCE COMPANY

## Current Principal Place of Business:

500 WEST FIFTH STREET  
WINSTON-SALEM, NC 27152 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3199  
WINSTON-SALEM, NC 271023199 US

## New Mailing Address:

FEI Number: 06-0910450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: EVCD ( ) Delete  
Name: BUSSELMEIER, BERNARD J  
Address: 500 WEST FIFTH STREET  
City-St-Zip: WINSTON-SALEM, NC 27102

Title: PCED ( ) Delete  
Name: KUSUMI, GARY Y  
Address: 500 WEST FIFTH STREET  
City-St-Zip: WINSTON-SALEM, NC 27102

Title: DVS ( ) Delete  
Name: POE, SHEENA E  
Address: 500 W FIFTH ST  
City-St-Zip: WINSTON-SALEM, NC 27102

Title: DVP ( ) Delete  
Name: BEATTIE, JOHN C  
Address: 500 W FIFTH ST  
City-St-Zip: WINSTON-SALEM, NC 27152

Title: DVP ( ) Delete  
Name: ECKMAN, PRESTON S  
Address: 500 W FIFTH STREET  
City-St-Zip: WINSTON-SALEM, NC 27152

Title: DVP ( ) Delete  
Name: MURPHY, SCOTT D  
Address: 500 WEST FIFTH STREET  
City-St-Zip: WINSTON-SALEM, NC 27102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: BOLAR, DONALD  
Address: 500 WEST FIFTH STREET  
City-St-Zip: WINSTON-SALEM, NC 27102

Title: AS (X) Change ( ) Addition  
Name: BOYCE-ECKART, KATHY  
Address: 300 GALLERIA OFFICENTRE  
City-St-Zip: SOUTHFIELD, MI 48034

Title: S (X) Change ( ) Addition  
Name: QUENNEVILLE, CATHY  
Address: 200 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 48265

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY BOYCE-ECKART

AS

01/30/2009

Electronic Signature of Signing Officer or Director

Date