

**INTEGON**  
INSURANCE

INTEGON CORPORATION

June 12, 1996

Tax Lien and Qualification Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

I am pleased to submit the attached application materials on behalf of New South Insurance Company to become admitted as a foreign corporation in the state of Florida.

In support of this application, I have enclosed the completed Application for Authorization, an original North Carolina Certificate of Authorization, and a check in the amount of \$122.50 to cover the application fee and the cost of a certified copy of the Florida Certificate of Status.

Thank you for the review of the enclosed information. If you have any questions, please call me.

Very Truly Yours,

*Mary Kathryn Johnson*

Mary Kathryn Johnson  
Attorney at Law

Enc.

**MAIL CODE - 1304**  
(1-800-526-0332, Ext. 2582)

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DIVISION OF CORPORATIONS  
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W96-12933



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

June 18, 1996

MARY K. JOHNSON  
%INTEGON INSURANCE  
P.O. BOX 3199  
WINSTON-SALEM, NC 27102-3199

SUBJECT: NEW SOUTH INSURANCE COMPANY  
Ref. Number: W96000012933

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We have received your document for NEW SOUTH INSURANCE COMPANY and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name that is listed on line one of the application should match the name on the certificate.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 296A00030191

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:**

1. New South Insurance Company  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. North Carolina  
(State or country under the law of which it is incorporated)
3. 56-0576685  
(FEI number, if applicable)
4. December 15, 1952  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. P. O. Box 3199  
Winston-Salem, NC 27102-3199  
(Current mailing address)
8. Underwrite Property and Casualty Insurance  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: Insurance Commissioner  
Office Address: Capitol  
Tallahassee, Florida, 32399-0300  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Insurance Commissioner  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: (See attached for officers and directors)

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. John J. Johnson  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John J. Johnson - Vice President, General Counsel and Secretary  
(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors:

A. Directors

Steven C. Andrews	171 Isleworth Drive Advance, NC 27006
John J. Johnson	1517 Crater Lane Yadkinville, NC 27055
James T. Lambie	1701 Reynolda Road Winston-Salem, NC 27104
Arthur S. Lyon, Jr.	1301 Fawndale Drive Lewisville, NC 27023
Jeffrey B. McConnell	3866 Cedarfield Place Court Winston-Salem, NC 27106
Donald F. McKee	2801 Fieldwood Court Winston-Salem, NC 27104
John B. Yorke	1515 Stanford Place Charlotte, NC 28207

B. Officers

Steven C. Andrews	Executive Vice President
John J. Johnson	Vice President, General Counsel & Secretary
James T. Lambie	President & Chief Executive Officer
Arthur S. Lyon, Jr.	Senior Vice President & Chief Marketing Officer
Jeffrey B. McConnell	Vice President & Treasurer
Donald F. McKee	Senior Vice President & Chief Financial Officer

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DIVISION OF CORPORATIONS  
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# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

## CERTIFICATE OF EXISTENCE

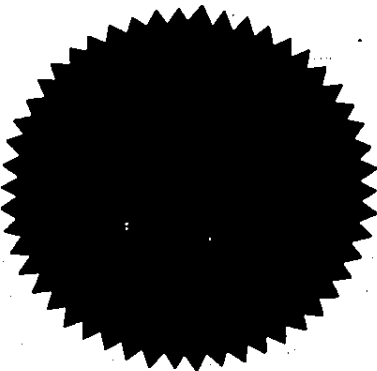
I, **JANICE H. FAULKNER**, *Secretary of State of the State of North Carolina*, do hereby certify that

**NEW SOUTH INSURANCE COMPANY**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of December, 1952, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of June, 1996.



*Janice H. Faulkner*  
Secretary of State

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