

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04 1997 8:00am
Secretary of State

DOCUMENT # **F96000003326 (3)**

1. Corporation Name
NEW SOUTH INSURANCE COMPANY

Principal Place of Business
**P.O. BOX 3199
WINSTON-SALEM NC 27102-3199**

Mailing Address
**P.O. BOX 3199
WINSTON-SALEM NC 27102-3199**



3. Date Incorporated or Qualified
07/01/1996

3a. Date of Last Report

4. FEI Number
56-0576685

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30
9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD ANDREWS, STEVEN C**
STREET ADDRESS **171 ISLEWORTH DRIVE**
CITY-ST-ZIP **ADVANCE NC**

TITLE ☐ DELETE
NAME **VSD JOHNSON, JOHN J**
STREET ADDRESS **1517 CRATER LANE**
CITY-ST-ZIP **YADKINVILLE NC**

TITLE ☒ DELETE
NAME **PCD LAMBIE, JAMES T**
STREET ADDRESS **1701 REYNOLDA ROAD**
CITY-ST-ZIP **WINSTON-SALEM NC**

TITLE ☐ DELETE
NAME **VD LYON JR, ARTHUR S**
STREET ADDRESS **1301 FAWNDALE DRIVE**
CITY-ST-ZIP **LEWISVILLE NC**

TITLE ☒ DELETE
NAME **VT MCCONNELL, JEFFREY B**
STREET ADDRESS **3866 CEDARFIELD PLACE COURT**
CITY-ST-ZIP **WINSTON-SALEM NC**

TITLE ☐ DELETE
NAME **VD MCKEE, DONALD F**
STREET ADDRESS **2801 FIELDWOOD COURT**
CITY-ST-ZIP **WINSTON-SALEM NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/SVP/CFO** ☒ Change ☒ Addition
1.2 NAME **Donald K. McKee**
1.3 STREET ADDRESS **500 W. Fifth St.**
1.4 CITY-ST-ZIP **Winston-Salem, NC 27152**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Brian T. Sheekey**
2.3 STREET ADDRESS **500 W. Fifth St.**
2.4 CITY-ST-ZIP **Winston-Salem, NC 27152**

3.1 TITLE **D/P** ☐ Change ☒ Addition
3.2 NAME **John B. Yorke**
3.3 STREET ADDRESS **500 W. Fifth St.**
3.4 CITY-ST-ZIP **Winston-Salem, NC 27152**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **John C. Beattie**
4.3 STREET ADDRESS **500 W. Fifth St.**
4.4 CITY-ST-ZIP **Winston-Salem, NC 27152**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

(910) 770-2369

Date

Daytime Phone #

0010000

CP2E034 (9/96)