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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

DOCUMENT # F96000003326 (3)

1. Corporation Name

NEW SOUTH INSURANCE COMPANY

Principal Place of Business

Mailing Address

P.O. BOX 3199  
WINSTON-SALEM NC 27102-3199

P.O. BOX 3199  
WINSTON-SALEM NC 27102-3199

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

56-0576685

Applied For  
Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. City & State

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
V.D. 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  
D SHEEKEY, BRIAN T  
STREET ADDRESS  
500 W 5 ST  
CITY-ST-ZIP  
WINSTON-SALEM NC

TITLE ☐ DELETE

NAME  
V.D. LYON JR, ARTHUR S  
STREET ADDRESS  
1301 FAWNDALE DRIVE  
CITY-ST-ZIP  
LEWISVILLE NC

TITLE ☐ DELETE

NAME  
D BEATTIE, JOHN  
STREET ADDRESS  
500 W FIFTH ST  
CITY-ST-ZIP  
WINSTON-SALEM NC

TITLE ☒ DELETE

NAME  
DVPS MCKEE, DONALD F  
STREET ADDRESS  
500 W 5 ST  
CITY-ST-ZIP  
WINSTON-SALEM NC

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
PD Donald P. Redmond  
1.3 STREET ADDRESS  
500 West Fifth Street  
1.4 CITY-ST-ZIP  
Winston-Salem, NC 27152

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
V.D. Bernard J. Buselmeier  
2.3 STREET ADDRESS  
500 West Fifth Street  
2.4 CITY-ST-ZIP  
Winston-Salem, NC 27152

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
VSD Sheena E. Poe  
3.3 STREET ADDRESS  
500 West Fifth Street  
3.4 CITY-ST-ZIP  
Winston-Salem, NC 27152

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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.

CR2E034 (10/97)

(336) 770-2675