

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38568

FILED
Jan 30, 2009
Secretary of State

Entity Name: INTEGON CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

500 WEST FIFTH STREET
WINSTON SALEM, NC 27102

New Principal Place of Business:

Current Mailing Address:

500 WEST FIFTH STREET
WINSTON SALEM, NC 27102

New Mailing Address:

FEI Number: 56-1764725

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

Title: DEVP () Delete
Name: BUSELMEIER, BERNARD J
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: ECKMAN, PRESTON S
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27102

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

Title: DVP () Delete
Name: BEATTIE, JOHN C
Address: 500 W 5TH ST
City-St-Zip: WINSTON-SALEM, NC 27102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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