

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

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 817813 (9)

1. Corporation Name  
HIGHLANDS INSURANCE COMPANY



Principal Place of Business  
10370 RICHMOND AVE  
HOUSTON TX 77042  
US

Mailing Address  
10370 RICHMOND AVE  
HOUSTON TEXAS 77042-4141

3. Date Incorporated or Qualified  
03/26/1964

3a. Date of Last Report  
04/09/1996

4. FEI Number  
74-1296673

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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
INSURANCE COMMISSIONER  
CAPITOL BUILDING,  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBERPAL, M.A.	1.2 NAME	
STREET ADDRESS	61 AMBLESIDE CRESENT	1.3 STREET ADDRESS	
CITY- ST- ZIP	SUGARLAND TX	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERLAND, RICHARD M	2.2 NAME	
STREET ADDRESS	10370 RICHMOND AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 23	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLMAN, DWAYNE D	3.2 NAME	
STREET ADDRESS	10370 RICHMOND AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 23	3.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHAND, C J	4.2 NAME	
STREET ADDRESS	2911 BAY COLONY CT	4.3 STREET ADDRESS	
CITY- ST- ZIP	KATY TX	4.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVOR, KENNETH D	5.2 NAME	
STREET ADDRESS	10370 RICHMOND AVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 23	5.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, W D	6.2 NAME	
STREET ADDRESS	10370 RICHMOND AVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 23	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: Dwayne D Hallman 3/26/97 (713) 267-8224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)