

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1964	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-1296673	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAVERLAND, RICHARD M	
STREET ADDRESS	10370 RICHMOND AVE	
CITY-ST-ZIP	HOUSTON TX 23	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALLMAN, DWAYNE D	
STREET ADDRESS	10370 RICHMOND AVE	
CITY-ST-ZIP	HOUSTON TX 23	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BACHAND, C J	
STREET ADDRESS	2911 BAY COLONY CT	
CITY-ST-ZIP	KATY TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JAVOR, KENNETH D	
STREET ADDRESS	10370 RICHMOND AVE	
CITY-ST-ZIP	HOUSTON TX 23	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MONTGOMERY, W D	
STREET ADDRESS	10370 RICHMOND AVE	
CITY-ST-ZIP	HOUSTON TX 23	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	STVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	900002520809	
3.4 CITY-ST-ZIP	-05/12/98--01088--004	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Peden, Kent B.	
5.3 STREET ADDRESS	10370 Richmond Ave	
5.4 CITY-ST-ZIP	Houston TX 77042	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Resch, Robert C.	
6.3 STREET ADDRESS	10370 Richmond Ave.	
6.4 CITY-ST-ZIP	Houston TX 77042	

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 (1097)