

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90023 049 \*\*\*150.00

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DOCUMENT # 817813

1. Corporation Name

HIGHLANDS INSURANCE COMPANY

Principal Place of Business

10370 RICHMOND AVE  
HOUSTON TX 77042  
US

Mailing Address

10370 RICHMOND AVE  
HOUSTON TX 77042  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1964

4. FEI Number

74-1296673

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1000 Lenox Drive

Suite, Apt. #, etc.

27 Lawrenceville, NJ

City & State

28 08648

Zip

Country

29

30

US

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

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

TITLE PDC ☐ DELETE  
NAME HAVERLAND, RICHARD M  
STREET ADDRESS 10370 RICHMOND AVE  
CITY-ST-ZIP HOUSTON TX 23

TITLE STVD ☐ DELETE  
NAME HALLMAN, DWAYNE D  
STREET ADDRESS 10370 RICHMOND AVE  
CITY-ST-ZIP HOUSTON TX 23

TITLE VD ☐ DELETE  
NAME BACHAND, C J  
STREET ADDRESS 2911 BAY COLONY CT  
CITY-ST-ZIP KATY TX

TITLE VD ☒ DELETE  
NAME JAVOR, KENNETH D  
STREET ADDRESS 10370 RICHMOND AVE  
CITY-ST-ZIP HOUSTON TX 23

TITLE VD ☐ DELETE  
NAME PEDEN, KENT B  
STREET ADDRESS 10370 RICHMOND AVE  
CITY-ST-ZIP HOUSTON TX 77042

TITLE VD ☐ DELETE  
NAME RESCH, ROBERT C  
STREET ADDRESS 10370 RICHMOND AVE  
CITY-ST-ZIP HOUSTON TX 77042

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE TVD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Stephen E. Kibblehouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

609-895-3009

Daytime Phone #

CR2E034 (11/98)