

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90032 006 ***150.00

DOCUMENT # 817813

1. Entity Name

HIGHLANDS INSURANCE COMPANY

Principal Place of Business

**10370 RICHMOND AVE
 HOUSTON TX 77042
 US**

Mailing Address

**1000 LENOX DR
 LAWRENCEVILLE NJ 08648
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-1296673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BUILDING,
 TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDC** ☒ Delete
 NAME **KING, WILLIS T JR**
 STREET ADDRESS **1000 LENOX DR.**
 CITY-ST-ZIP **LAWRENCEVILLE NJ 08648**

TITLE **PD** ☐ Change ☒ Addition
 NAME **John W. Cowley**
 STREET ADDRESS **1000 Lenox Drive**
 CITY-ST-ZIP **Lawrenceville, NJ 08648**

TITLE **TVD** ☒ Delete
 NAME **HALLMAN, DWAYNE D**
 STREET ADDRESS **10370 RICHMOND AVE**
 CITY-ST-ZIP **HOUSTON TX 23**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Albert J. Marino**
 STREET ADDRESS **1000 Lenox Drive**
 CITY-ST-ZIP **Lawrenceville, NJ 08648**

TITLE **VD** ☒ Delete
 NAME **BACHAND, C J**
 STREET ADDRESS **1000 LENOX DRIVE**
 CITY-ST-ZIP **TRENTON NJ 08648**

TITLE **VSD** ☐ Change ☒ Addition
 NAME **Robert J. Brookes**
 STREET ADDRESS **1000 Lenox Drive**
 CITY-ST-ZIP **Lawrenceville, NJ 08648**

TITLE **VDS** ☒ Delete
 NAME **GREENBURG, STEPHEN J**
 STREET ADDRESS **1000 LENOX DRIVE**
 CITY-ST-ZIP **LAWRENCEVILLE NJ 08648**

TITLE **VD** ☐ Change ☒ Addition
 NAME **David C. Donaldson**
 STREET ADDRESS **1000 Lenox Drive**
 CITY-ST-ZIP **Lawrenceville, NJ 08648**

TITLE **V** ☐ Delete
 NAME **KIBBLEHOUSE, STEPHEN L**
 STREET ADDRESS **1000 LENOX DRIVE**
 CITY-ST-ZIP **LAWRENCEVILLE NJ 08648**

TITLE **CEO, General Counsel and** ☒ Change ☐ Addition
 NAME **Director**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
 NAME **Edward R. Lang, II**
 STREET ADDRESS **1000 Lenox Drive**
 CITY-ST-ZIP **Lawrenceville, NJ 08648**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen L Kibblehouse

1/25/02

(609) 895-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)