

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90036 047 ***150.00

DOCUMENT # 817813						
1. Entity Name HIGHLANDS INSURANCE COMPANY						
Principal Place of Business 10370 RICHMOND AVE HOUSTON, TX 77042 US			Mailing Address 275 PHILLIPS BOULEVARD TRENTON, NJ 08618 US			
2. Principal Place of Business 10200 Richmond Avenue		3. Mailing Address				
Suite, Apt. #, etc. Suite 175		Suite, Apt. #, etc.				
City & State Houston, TX		City & State				
Zip 77042	Country US	Zip	Country	4. FEI Number 74-1296673		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE VD	NAME WARDZINSKI, GEORGEAN M		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 275 PHILLIPS BLVD.	CITY-ST-ZIP TRENTON, NJ 08618		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME MARINO, ALBERT		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 275 PHILLIPS BLVD.	CITY-ST-ZIP TRENTON, NJ 08618		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE VSD	NAME BROOKES, ROBERT J		<input checked="" type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 275 PHILLIPS BLVD.	CITY-ST-ZIP TRENTON, NJ 08618		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME DONALDSON, DAVID C		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 275 PHILLIPS BLVD.	CITY-ST-ZIP TRENTON, NJ 08618		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE CEO	NAME KIBBLEHOUSE, STEPHEN L		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 275 PHILLIPS BLVD.	CITY-ST-ZIP TRENTON, NJ 08618		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME PLUNKETT, RICHARD C		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 275 PHILLIPS BLVD.	CITY-ST-ZIP TRENTON, NJ 08618		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <i>Georgan M. Wardzinski</i>			2/18/04		609-895-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	

Georgan M. Wardzinski