

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

0146141 AB

**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

**275 Phillips Boulevard**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Trenton, NJ**

4. FEI Number

**74-1296673**

Applied For

Not Applicable

Zip

Country

Zip

Country

**08618**

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN, COWLEY W 1000 LENOX DRIVE LAWRENCEVILLE NJ 08648	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBERT, MARINO 1000 LENOX DRIVE LAWRENCEVILLE NJ 08648	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROBERT, BROOKES J 1000 LENOX DRIVE LAWRENCEVILLE NJ 08648	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID, DONALDSON C 1000 LENOX DRIVE LAWRENCEVILLE NJ 08648	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KIBBLEHOUSE, STEPHEN L 1000 LENOX DRIVE LAWRENCEVILLE NJ 08648	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARD, LANG R II 1000 LENOX DRIVE LAWRENCEVILLE NJ 08648	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGEAN M. WARDZINSKI 275 PHILLIPS BLVD. TRENTON, NJ 08618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	275 PHILLIPS BLVD. TRENTON, NJ 08618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	275 PHILLIPS BLVD. TRENTON, NJ 08618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	275 PHILLIPS BLVD. TRENTON, NJ 08618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	275 PHILLIPS BLVD. TRENTON, NJ 08618	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARD C. PLUNKETT 275 PHILLIPS BLVD. TRENTON, NJ 08618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:**

**Robert J. Brookes**

**(609) 896-1921**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/03)