

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 90034 032 \*\*\*150.00

**DOCUMENT # 826248**

1. Corporation Name

**STONEBRIDGE INSURANCE COMPANY**

Principal Place of Business

**2700 W. PLANO PARKWAY  
PLANO TX 75075  
US**

Mailing Address

**2700 WEST PLANO PKWY  
PLANO TX 75075  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/26/1971**

4. FEI Number

**74-2648800**

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

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**THE 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

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
SPURLOCK, TED L  
6501 LEGACY DR  
PLANO TX**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
WILLIAMS, FRED A  
2700 W. PLANO PARKWAY  
PLANO TX**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
LOTTER, CHARLES R  
6501 LEGACY DR  
PLANO TX**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VPS  
CAMILLO, JOHN R  
2700 W PLANO PARKWAY  
PLANO TX 75075**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**D and Chairman of the Board ☐ Change ☒ Addition  
Fesperman, John Eugene  
6501 Legacy Drive  
Plano, TX 75024-0007**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**D and Vice-Chairman of the Board ☒ Change ☐ Addition  
Williams, Fred Arnold  
2700 W. Plano Parkway  
Plano, TX 75075-8200**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D, Exec. V.P., Treasurer ☐ Change ☒ Addition  
Heise, Donald LaVerne  
2700 W. Plano Parkway  
Plano, TX 75075-8200**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**V and Controller ☐ Change ☒ Addition  
Gatewood, Walter Andrew  
2700 W. Plano Parkway  
Plano, TX 75075-8200**

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:

**John R. Camillo**  
John R. Camillo

1-20-99

(972) 881-6000

Date

Daytime Phone #

CR2E034 (1/98)