FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 PM 2:09

DOCUMENT # **828818** **(5)**

1. Corporation Name

HIGHLANDS UNDERWRITERS INSURANCE COMPANY

Principal Place of Business	Mailing Address
10370 RICHMOND AVE HOUSTON TX 77042	10370 RICHMOND AVE HOUSTON TX 77042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1972**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **74-1502504** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITAL 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — (NOTE: Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	V ☒ Change ☐ Addition
NAME	HERBERT, R.K.	12 NAME	WEBERPAL M.A.
STREET ADDRESS	5100 SAN FELIPE #244E	13 STREET ADDRESS	61 AMBLESIDE CRESCENT
CITY ST ZIP	HOUSTON TX	14 CITY ST ZIP	SUGARLAND TX
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, J.E.	22 NAME	
STREET ADDRESS	11506 STANCLIFF	23 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	DUBLE, H.G.	32 NAME	
STREET ADDRESS	2918 COUNTRY CLUB BLVD.	33 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	BACHAND, C J	42 NAME	
STREET ADDRESS	2911 BAY COLONY CT	43 STREET ADDRESS	
CITY ST ZIP	KATY TX	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CRUIKSHANK, T.H.	52 NAME	
STREET ADDRESS	3508 MARQUETTE	53 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, L.L.	62 NAME	
STREET ADDRESS	906 TARRINGTON CT	63 STREET ADDRESS	
CITY ST ZIP	HOUSTON TX	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Don E. Robison — DON E. ROBISON - CONTROLLER — 6/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0472700 FP