

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 828818 (5)
1. Corporation Name
HIGHLANDS UNDERWRITERS INSURANCE COMPANY



Principal Place of Business
10370 RICHMOND AVE
HOUSTON TX 77042
US

Mailing Address
10370 RICHMOND AVE
HOUSTON TX 77042

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-1502504	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	HAVERLAND, RM	1.2 NAME	
STREET ADDRESS	10370 RICHMOND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	STVD
NAME	HALLMAN, DD	2.2 NAME	
STREET ADDRESS	10370 RICHMOND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	JAVOR, KD	3.2 NAME	
STREET ADDRESS	10370 RICHMOND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BACHAND, C J	4.2 NAME	
STREET ADDRESS	2911 BAY COLONY CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	KATY TX	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	RESCH, RC	5.2 NAME	
STREET ADDRESS	10370 RICHMOND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VD
NAME		6.2 NAME	Peden, Kent B.
STREET ADDRESS		6.3 STREET ADDRESS	10370 Richmond Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Houston TX 77042

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.

CR2E034 (10/97)