

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 828818**

1. Entity Name

**HIGHLANDS UNDERWRITERS INSURANCE COMPANY****FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90011 027 \*\*\*150.00

Principal Place of Business

**10370 RICHMOND AVE  
HOUSTON TX 77042  
US**

Mailing Address

**100 LENOX DR  
LAWRENCEVILLE NJ 08648  
US**

2. Principal Place of Business

3. Mailing Address

**1000 Lenox Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Lawrenceville, NJ**

Zip

Country

Zip

Country

**08648-0426****USA**

4. FEI Number

**74-1502504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA  
CAPITAL BUILDING  
TALLAHASSEE FL 32304**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KING, WILLIS T JR 1000 LENOX DRIVE LAWRENCEVILLE NJ 08648</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVD HALLMAN, DD 10370 RICHMOND AVE HOUSTON TX</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD GREENBERG, STEPHEN 1000 LENNOX DRIVE LAWRENCEVILLE NJ 08648</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BACHAND, C J 1000 LENNOX DRIVE LAWRENCEVILLE NJ 08648</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RESCH, RC 10370 RICHMOND AVE HOUSTON TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KIBBLEHOUSE, STEPHEN L 1000 LENNOX DRIVE LAWRENCEVILLE NJ 08648</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Cowley, John W. 1000 Lenox Drive Lawrenceville, NJ 08648-0426</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Magee, Drew J. 1000 Lenox Drive Lawrenceville, NJ 08648-0426</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Wardzinski, Georgean M. 1000 Lenox Drive Lawrenceville, NJ 08648-0426</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Kibblehouse

1/22/01

Date

(609) 895-3009

Daytime Phone #

CR2E034 (10/00)