

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 848086 (5)

1. Corporation Name

STATE CAPITAL INSURANCE COMPANY

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:45**

Principal Place of Business

**4011 W CHASE BLVD
P O BOX 27257
RALEIGH NC 27611**

Mailing Address

**4011 W CHASE BLVD
P O BOX 27257
RALEIGH NC 27611**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

3. Date Incorporated or Qualified

01/28/1981

3a. Date of Last Report

02/28/1994

4. FEI Number

56-0577584

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
THE CAPITOL BLDG.
TALLAHASSEE FL 32301**

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 of person named as registered agent and filed as such

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**BANDISH, DENNIS M.
336 WINDY RUN DRIVE
DOYLESTOWN PA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**SERIO, RALPH M.
9 HODGE DRIVE
BRIDGEWATER NJ**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VT

**TAM, TOM T
10621 CAHILL ROAD
RALEIGH NC**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SV

**ASHLEY, WILLIAM J
8321 LAKEWOOD DR
RALEIGH NC**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**MEDLIN, DENNIS B
100 TARTAN COURT
GARNER NC**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VAS

**GREENBERG, STEPHEN J
725 SOUTH HIGHLAND AVENUE
MARION PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

V/T

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

V

**KIBBLEHOUSE, STEPHEN L.
220 MARTINS WAY
MT. LAUREL, NJ**

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

V

**HERRICK, BRUCE W.
1488 BUCK CREEK DRIVE
YARDLEY, PA 19067**

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

V

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

X

**206 MUIRFIELD LANE
CLAYTON, NC**

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

X

**D/V
7255 SOUTH HIGHLAND AVENUE
MERION, PA**

☒ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Chapter Form #

Attachment A

**State Capital Insurance Company
Corporation Annual Report**

Additional Officers/Directors

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City-State-Zip</u>
C/D/S	Alexander M. Vik	10 Ashton Drive	Greenwich, CT 06831
D/P	Gustav M. Vik	3900 City of Oaks Wynd	Raleigh, NC 27612
V	John W. Easter	19 Kristin Way	Hamilton Square, NJ 08690
V	Robert G. Gage	17 Highview Lane	Yardley, PA 19067
V	Donald L. Johnson	1208 Swallow Court	Raleigh, NC 27606
V	Thomas C. Silika	430 Burke Road	Jackson, NJ 08527
V	Ralph A. Sukla	40 Parkside Drive	Langhorne, PA 19047