

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90017 011 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 848086**

1. Corporation Name

**STATE CAPITAL INSURANCE COMPANY**

Principal Place of Business

4011 W CHASE BLVD  
RALEIGH NC 27607

Mailing Address

P.O. BOX 27257  
RALEIGH NC 27611-7257  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/28/1981**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

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

2a. Mailing Address

**26** 10370 Richmond Avenue

Suite, Apt. #, etc.

**27**

City & State

**28** Houston, TX

Zip

**29** 77042-4123

Country

**30** US

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

**85** Zip Code

**FL**

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 **VTD** ☒ DELETE  
NAME **MILLER, HOWARD C**  
STREET ADDRESS **18650 W CORPORATE DR**  
CITY-ST-ZIP **BROOKFIELD WI**

TITLE **VD** ☐ DELETE  
NAME **KIBBLEHOUSE, STEPHEN L**  
STREET ADDRESS **1000 LENOX DR**  
CITY-ST-ZIP **LAWRENCEVILLE NJ**

TITLE **CD** ☐ DELETE  
NAME **HAVERLAND, RICHARD M**  
STREET ADDRESS **1000 LENOX DR.**  
CITY-ST-ZIP **LAWRENCEVILLE NJ 08648**

TITLE **VSD** ☐ DELETE  
NAME **GREENBERG, STEPHEN J**  
STREET ADDRESS **1000 LENOX DR**  
CITY-ST-ZIP **LAWRENCEVILLE NJ 08648**

TITLE **PD** ☒ DELETE  
NAME **MARINO, JAMES F**  
STREET ADDRESS **1000 LENOX DRIVE**  
CITY-ST-ZIP **LAWRENCEVILLE NJ 08648**

TITLE **V** ☒ DELETE  
NAME **DUBOIS, DUANE R**  
STREET ADDRESS **18650 W. CORPORATE DRIVE**  
CITY-ST-ZIP **BROOKFIELD WI 53045**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VTD** ☒ Change ☐ Addition  
1.2 NAME **Dwayne D. Hallman**  
1.3 STREET ADDRESS **10370 Richmond Avenue**  
1.4 CITY-ST-ZIP **Houston, TX 77042-4123**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **P** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **VD** ☒ Change ☐ Addition  
5.2 NAME **Charles J. Bachand**  
5.3 STREET ADDRESS **10370 Richmond Avenue**  
5.4 CITY-ST-ZIP **Houston, TX 77042-4123**

6.1 TITLE **CVD** ☒ Change ☐ Addition  
6.2 NAME **George A. Nevitt**  
6.3 STREET ADDRESS **4011 W. Chase Blvd.**  
6.4 CITY-ST-ZIP **Raleigh NC 27607**

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: **Stephen L. Kibblehouse**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/99**

Date

609-895-3009

Daytime Phone #

CR2E034 (1/98)