

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848086

1. Entity Name

STATE CAPITAL INSURANCE COMPANY

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90025 040 \*\*\*150.00

Principal Place of Business

4011 W CHASE BLVD  
RALEIGH NC 27607

Mailing Address

10370 RICHMOND AVE  
HOUSTON TX 77042-4141  
US

2. Principal Place of Business

3. Mailing Address

1000 Lenox Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Lawrenceville, NJ

4. FEI Number

56-0577584

Applied For

Not Applicable

Zip

Country

Zip

08648-0426

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2000 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

TITLE VTD ☐ Delete  
NAME HALLMAN, DWAYNE H  
STREET ADDRESS 10370 RICHMOND AVE  
CITY-ST-ZIP HOUSTON TX 77042

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

TITLE P ☒ 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 V ☐ Delete  
NAME BACHAND, CHARLES J  
STREET ADDRESS 10370 RICHMOND AVE  
CITY-ST-ZIP HOUSTON TX 77042

TITLE CVD ☐ Delete  
NAME NEVITT, GEORGE A  
STREET ADDRESS 4011 W CHASE BLVD  
CITY-ST-ZIP RALEIGH NC 27607

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition  
NAME Willis T. King, Jr.  
STREET ADDRESS 1000 Lenox Drive  
CITY-ST-ZIP Lawrenceville, NJ 08648

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Stephen L. Kibblehouse

Date

Daytime Phone #

CR2E034 (9/99)