

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90130 011 ***150.00

DOCUMENT # 848086

1. Entity Name

STATE CAPITAL INSURANCE COMPANY

Principal Place of Business

**4011 W CHASE BLVD
 RALEIGH NC 27607**

Mailing Address

**1000 LENOX DRIVE
 TRENTON NJ 08648-0426
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-0577584**

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
 THE CAPITOL BLDG.
 TALLAHASSEE FL 32301**

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	VTD	<input checked="" type="checkbox"/> Delete
NAME	HALLMAN, DWAYNE H	
STREET ADDRESS	10370 RICHMOND AVE	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIBBLEHOUSE, STEPHEN L	
STREET ADDRESS	1000 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE	P	<input type="checkbox"/> Delete
NAME	KING, WILLIS T JR	
STREET ADDRESS	1000 LENOX DR.	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, STEPHEN J	
STREET ADDRESS	1000 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	V	<input type="checkbox"/> Delete
NAME	BACHAND, CHARLES J	
STREET ADDRESS	10370 RICHMOND AVE	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	CVD	<input checked="" type="checkbox"/> Delete
NAME	NEVITT, GEORGE A	
STREET ADDRESS	4011 W CHASE BLVD	
CITY-ST-ZIP	RALEIGH NC 27607	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W. Cowley	
STREET ADDRESS	1000 Lenox Drive	
CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Brookes	
STREET ADDRESS	1000 Lenox Drive	
CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE	TVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 Lenox Drive	
CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01

(609) 895-3009

CR2E034 (10/00)