

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90036 030 \*\*\*150.00

**DOCUMENT # 848086**

1. Entity Name  
**STATE CAPITAL INSURANCE COMPANY**



Principal Place of Business  
**275 PHILLIPS BLVD.  
TRENTON, NJ 08618**

Mailing Address  
**275 PHILLIPS BLVD.  
TRENTON, NJ 08618 US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02032004 Chg-P CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME **PD COWLEY, JOHN W**  
STREET ADDRESS **1000 LENOX DRIVE**  
CITY-ST-ZIP **TRENTON, NJ 08648**

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

TITLE ☐ Delete  
NAME **CEOD KIBBLEHOUSE, STEPHEN L**  
STREET ADDRESS **275 PHILLIPS BLVD.**  
CITY-ST-ZIP **TRENTON, NJ 08618**

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

TITLE ☐ Delete  
NAME **VD DONALDSON, DAVID C**  
STREET ADDRESS **275 PHILLIPS BLVD.**  
CITY-ST-ZIP **TRENTON, NJ 08618**

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

TITLE ☒ Delete  
NAME **SVD BROOKES, ROBERT J**  
STREET ADDRESS **275 PHILLIPS BLVD.**  
CITY-ST-ZIP **TRENTON, NJ 08618**

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

TITLE ☐ Delete  
NAME **T MARINO, ALBERT J**  
STREET ADDRESS **275 PHILLIPS BLVD.**  
CITY-ST-ZIP **TRENTON, NJ 08618**

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

TITLE ☐ Delete  
NAME **V WARDZINKSI, GEORGEAN M**  
STREET ADDRESS **275 PHILLIPS BLVD.**  
CITY-ST-ZIP **TRENTON, NJ 08618**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Georgan M. Wardzinski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Georgan M. Wardzinski**

*2/18/04*  
Date

**609-895-3000**  
Daytime Phone #