

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90161 010 ***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
275 Phillips Blvd

3. Mailing Address
275 Phillips Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Trenton, NJ

City & State
Trenton, NJ

4. FEI Number **56-0577584**

Applied For
Not Applicable

Zip
08618

Country
USA

Zip
08618

Country
USA

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

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

TITLE **VD** ☐ Delete
NAME **DONALDSON, DAVID C**
STREET ADDRESS **1000 LENOX DR.**
CITY-ST-ZIP **LAWRENCEVILLE NJ 08648**

TITLE **SVD** ☐ Delete
NAME **BROOKES, ROBERT J**
STREET ADDRESS **1000 LENOX DRIVE**
CITY-ST-ZIP **TRENTON NJ 08648**

TITLE **T** ☐ Delete
NAME **MARINO, ALBERT J**
STREET ADDRESS **1000 LENOX DRIVE**
CITY-ST-ZIP **TRENTON NJ 08648**

TITLE **V** ☐ Delete
NAME **WARDZINSKI, GEORGEAN M**
STREET ADDRESS **1000 LENOX DRIVE**
CITY-ST-ZIP **LAWRENCEVILLE NJ 08648**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **275 PHILLIPS BLVD**
CITY-ST-ZIP **TRENTON, NJ 08618**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **275 PHILLIPS BLVD**
CITY-ST-ZIP **TRENTON, NJ 08618**

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TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **275 PHILLIPS BLVD**
CITY-ST-ZIP **TRENTON, NJ 08618**

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: **Stephen L. Kibblehouse** **1/5/03** (609) 895-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)