

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90055 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 850361

1. Corporation Name
~~TRANS GENERAL LIFE INSURANCE COMPANY~~

Highmark Life Insurance Company

Principal Place of Business	Mailing Address
1 COMMERCIAL PLAZA 15TH FLOOR 280 TRUMBULL STREET HARTFORD CT 06103 US	PO BOX 535061 120 FIFTH AVENUE STE P6108 PITTSBURGH PA 15253 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified	Applied For
09/15/1981 5/12/1981	Not Applicable
4. FEI Number	Applied For
06-1041332	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MALLEN GERARD T	
STREET ADDRESS	7026 BENNINGTON WOODS DR	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	PB	<input type="checkbox"/> DELETE
NAME	KUBIT, DENNIS M	
STREET ADDRESS	305 SUTTON PLACE	
CITY-ST-ZIP	WEXFORD PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBB, PAUL A	
STREET ADDRESS	307 MAPLE AVENUE	
CITY-ST-ZIP	EDGEWOOD PA 15218	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLANCHARD, CATHERINE L	
STREET ADDRESS	154 MCLANAHAN DR.	
CITY-ST-ZIP	BEAVER FALLS PA 15010	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUSI, EUGENE A	
STREET ADDRESS	700 PENN ST.	
CITY-ST-ZIP	PITTSBURGH PA 15215	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W. Dennis Cronin	
1.3 STREET ADDRESS	5805 Wilson Drive	
1.4 CITY-ST-ZIP	Bethel Park, PA 15102	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: W. Dennis Cronin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)