

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90284 034 \*\*\*150.00

**DOCUMENT # 850361**

1. Entity Name  
**HIGHMARK LIFE INSURANCE COMPANY**

Principal Place of Business <b>1 COMMERCIAL PLAZA 15TH FLOOR          280 TRUMBULL STREET          HARTFORD CT 06103          US</b>	Mailing Address <b>PO BOX 535061          120 FIFTH AVENUE STE P6108          PITTSBURG PA 15253-5061          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>06-1041332</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>CRONIN, W. DENNIS</b>	
STREET ADDRESS	<b>5805 WILSON DRIVE</b>	
CITY-ST-ZIP	<b>BETHEL PARK PA 35102</b>	
TITLE	PB	<input type="checkbox"/> Delete
NAME	<b>KUBIT, DENNIS M</b>	
STREET ADDRESS	<b>305 SUTTON PLACE</b>	
CITY-ST-ZIP	<b>WEXFORD PA</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>ROBB, PAUL A</b>	
STREET ADDRESS	<b>307 MAPLE AVENUE</b>	
CITY-ST-ZIP	<b>EDGEWOOD PA 15218</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>BLANCHARD, CATHERINE L</b>	
STREET ADDRESS	<b>154 MCLANAHAN DR.</b>	
CITY-ST-ZIP	<b>BEAVER FALLS PA 15010</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>SUSI, EUGENE A</b>	
STREET ADDRESS	<b>700 PENN ST.</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15215</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Colker, James</b>	
STREET ADDRESS	<b>108 Beachwood Lane</b>	
CITY-ST-ZIP	<b>Pittsburgh, PA 15206</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Keith Karl Kappmeyer</b>	
STREET ADDRESS	<b>6600 Buckley Drive</b>	
CITY-ST-ZIP	<b>Cambria, CA 93428</b>	
TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Klein, Charles</b>	
STREET ADDRESS	<b>238 Dravo Avenue</b>	
CITY-ST-ZIP	<b>Beaver, PA 15009</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lowry, William Martin</b>	
STREET ADDRESS	<b>225 Cypress Knoll Drive</b>	
CITY-ST-ZIP	<b>Sewickley, PA 15143</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shaffer, John Nesbit</b>	
STREET ADDRESS	<b>14 Forest Avenue</b>	
CITY-ST-ZIP	<b>Meadville, PA 16335</b>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Smollinger Jr., Carl William</b>	
STREET ADDRESS	<b>2131 West Grove Drive</b>	
CITY-ST-ZIP	<b>Gibsonia PA 15044</b>	

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

4/27/00 800 328-5433  
 Date Daytime Phone #

CR2E034 (9/99)