

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90028 038 \*\*\*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          US</b>
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DO NOT WRITE IN THIS SPACE

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
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

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	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SMOLLINGER, CARL W JR</b>	
STREET ADDRESS	<b>2131 WEST GROVE DRIVE</b>	
CITY-ST-ZIP	<b>GIBSONIA PA 15044</b>	

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

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Cronin, W. Dennis</i>	
STREET ADDRESS	<i>557 Old Fayette Trail</i>	
CITY-ST-ZIP	<i>Oakdale, PA 15071</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Kubit, Dennis M.</i>	
STREET ADDRESS	<i>1904 Lake Marshall Drive</i>	
CITY-ST-ZIP	<i>Gibsonia, PA 15044</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>See attached listing for complete list of Officers &amp; Directors</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *W. Dennis Cronin* **4130101** **800-328-5433**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

attachment  
 D# 850361  
 B0048963

Last Name	First Name	Middle Name	Suffix	Birth Date	Held Since	Changed Position	Street Address	City	State	Zip Code
Blanchard	Catherine	Lee		11/29/1951	2	06/02/1993	154 McLanahan Drive	Beaver Falls	PA	15010
Colker	James			02/18/1928	1	09/18/1992	128 Beechwood Lane	Pittsburgh	PA	15206
Cronin	William	Dennis		09/07/1966	2	11/10/1998	557 Old Fayette Trail	Oakdale	PA	15071
Grode	George	Frederick		07/18/1945	1	11/30/2000	109 Allendale Way	Camp Hill	PA	17089
Klein	Charles			09/16/1955	2	07/06/1998	238 Dravo Avenue	Beaver	PA	15009
Kubit	Dennis	Mark		08/21/1949	3	12/31/1990	1904 Lake Marshall Drive	Gibsonia	PA	15044
Lowry	William	Martin		01/06/1937	1	09/07/1990	423 Laurel Oak Drive	Sewickley	PA	15143
Moore	James	Stanton		08/24/1936	1	07/25/2000	31 The Trillium	Pittsburgh	PA	15238
Robb	Paul	Adrian		09/05/1949	2	04/15/1997	307 Maple Avenue	Edgewood	PA	15218
Shaffer	John	Nesbit		03/13/1942	1	08/01/1994	14 Forest Avenue	Meadville	PA	16335
Susi	Eugene	Anthony		08/10/1940	2	06/01/1994	700 Penn Street	Pittsburgh	PA	15215
Weber	Warren	George		04/23/1938	1	04/27/1999	4224 Commodore Drive	Erie	PA	16505
White	Thomas			05/30/1943	1	03/20/1996	213 Mission Meade Road	New Castle	PA	16105