

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850361

FILED
Apr 30, 2004
Secretary of State

Entity Name: HIGHMARK LIFE INSURANCE COMPANY

Current Principal Place of Business:

1 COMMERCIAL PLAZA 15TH FLOOR
280 TRUMBULL STREET
HARTFORD, CT 06103 US

New Principal Place of Business:

120 FIFTH AVENUE
SUITE P6106
PITTSBURGH, PA 152223099 US

Current Mailing Address:

PO BOX 535061
120 FIFTH AVENUE STE P6108
PITTSBURGH, PA 15253 US

New Mailing Address:

PO BOX 535061
120 FIFTH AVENUE STE P6108
PITTSBURGH, PA 152535061 US

FEI Number: 06-1041332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200
200 E. GAINES ST
TALLAHASSEE, FL 323990300 US

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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CRONIN, W. DENNIS
Address: 557 OLD FAYETTE TRAIL
City-St-Zip: OAKDALE, PA 15071

Title: PB () Delete
Name: LEBISH, DANIEL JAY
Address: 1826 MORDSTONE RD.
City-St-Zip: PITTSBURGH, PA 15241

Title: S () Delete
Name: ROBB, PAUL A
Address: 307 MAPLE AVENUE
City-St-Zip: EDGEWOOD, PA 15218

Title: V () Delete
Name: BLANCHARD, CATHERINE L
Address: 154 MCLANAHAN DR.
City-St-Zip: BEAVER FALLS, PA 15010

Title: V () Delete
Name: SUSI, EUGENE A
Address: 700 PENN ST.
City-St-Zip: PITTSBURGH, PA 15215

Title: V () Delete
Name: BROWN, PAMELA
Address: 301 MCKENZIE DR.
City-St-Zip: PITTSBURGH, PA 15235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ADRIAN ROBB

S

04/30/2004

Electronic Signature of Signing Officer or Director

Date