

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

DOCUMENT # **850361**

1. Entity Name
HIGHMARK LIFE INSURANCE COMPANY



04-28-2003 91514 010 ***150.00

Principal Place of Business
**1 COMMERCIAL PLAZA 15TH FLOOR
280 TRUMBULL STREET
HARTFORD CT 06103
US**

Mailing Address
**PO BOX 535061
120 FIFTH AVENUE STE P6108
PITTSBURG PA 15253
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **06-1041332** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** Delete
NAME **CRONIN, W. DENNIS**
STREET ADDRESS **557 OLD FAYETTE TRAIL**
CITY-ST-ZIP **OAKDALE PA 15071**

TITLE **VT** Change Addition
NAME **CRONIN, W. DENNIS**
STREET ADDRESS **557 OLD FAYETTE TRAIL**
CITY-ST-ZIP **OAKDALE PA 15071**

TITLE **PB** Delete
NAME **KUBIT, DENNIS M**
STREET ADDRESS **1904 LAKE MARSHALL DRIVE**
CITY-ST-ZIP **GIBSONIA PA 15044**

TITLE **PB** Change Addition
NAME **LEBISH, DANIEL JAY**
STREET ADDRESS **1826 MORDSTONE RD**
CITY-ST-ZIP **PITTSBURGH, PA 15241**

TITLE **S** Delete
NAME **ROBB, PAUL A**
STREET ADDRESS **307 MAPLE AVENUE**
CITY-ST-ZIP **EDGEWOOD PA 15218**

TITLE **V** Change Addition
NAME **MADEY, BEATA A**
STREET ADDRESS **303 SCARLET PEAK COURT**
CITY-ST-ZIP **CRANBERRY TWP PA 16066**

TITLE **V** Delete
NAME **BLANCHARD, CATHERINE L**
STREET ADDRESS **154 MCLANAHAN DR.**
CITY-ST-ZIP **BEAVER FALLS PA 15010**

TITLE **D** Change Addition
NAME **LOWRY, WILLIAM MARTIN**
STREET ADDRESS **423 LAUREL OAK DRIVE**
CITY-ST-ZIP **SEWICKLEY PA 15143**

TITLE **V** Delete
NAME **SUSI, EUGENE A**
STREET ADDRESS **700 PENN ST.**
CITY-ST-ZIP **PITTSBURGH PA 15215**

TITLE **D** Change Addition
NAME **COLKER, JAMES**
STREET ADDRESS **128 BEECHWOOD LANE**
CITY-ST-ZIP **PITTSBURGH PA 15206**

TITLE **V** Delete
NAME **BROWN, PAMELA**
STREET ADDRESS **301 MCKENZIE DR.**
CITY-ST-ZIP **PITTSBURGH PA 15235**

TITLE **D** Change Addition
NAME **GRAY, ROBERT CLARK**
STREET ADDRESS **6007 WEST GROVE CIRCLE**
CITY-ST-ZIP **GIBSONIA PA 15044**

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: **W. Dennis Cronin** *W. Dennis Cronin* **4/17/2003** **800-328-5433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #
10089891

2003 Uniform ~~Business~~ Report
Document # 850361
Highmark Life Insurance Company

Block 11 continuation:

Title	D	Change XX Addition
Name	SHAFFER JOHN	
Street Address	14 FOREST AVENUE	
City-St-Zip	MEADVILLE PA 16335	
Title	D	Change XX Addition
Name	GRODE, GEORGE	
Street Address	109 Allendale Way	
City-St-Zip	CAMP HILL, PA 17089	
Title	D	Change XX Addition
Name	WEBER, WARREN	
Street Address	4224 COMMODORE DR	
City-St-Zip	ERIE, PA 16505	
Title	D	Change XX Addition
Name	WHITE, THOMAS	
Street Address	213 MISSION MEADE ROAD	
City-St-Zip	NEW CASTLE, PA 16105	
Title	D	Change XX Addition
Name	WILLIAMS, DORIS	
Street Address	1429 PENNSYLVANIA AVE	
City-St-Zip	PITTSBURGH PA 15233	