# F960QQQQQQQQ 86/

Trans-General Casualty Insurance Company Trans-General Life Insurance Company Trans-General Life Insurance Company of New York Trans-General Services Company

March 8, 1999

Florida Department of State Division of Corporations Amendments Department P. O. Box 6327 Tallahassee, FL 32314

RE:

Trans-General Casualty Insurance Company, Inc.

Document No. F96000002861

To Whom It May Concern:

Trans-General Casualty Insurance Company, Inc., a Pennsylvania domiciled company, is changing its name to Highmark Casualty Insurance Company effective April 1, 1999. In line with the name change requirements of your state, enclosed are the following documents:

Certified copy of the Amendment to the Articles of Incorporation

 Check No. 014314 for a new Certificate of Good Standing and amendment to our Articles of Incorporation

We are requesting a new Certificate of Good Standing in the name of Highmark Casualty Insurance Company. Should you have any questions you may contact me at 800-328-5433, extension 41132, by fax at 412-544-1138. You may also send e-mail to the following address, roseanna.madvay@trans-general.com

Very Truly Yours,

Rolland Madway

Roseanna Madvay Compliance Analyst II

Enclosure(s)

99 MAY 17 PM 1: 38
SECRETARY OF STATE
TALLAHASSEE, FLEGIDA

300002802223-

-03/11/99--01046--020 \*\*\*\*\*43.75 \*\*\*\*\*43.75

**開刊 中** 7 1999



Highmark Life Insurance Company Highmark Life Insurance Company of New York Highmark Casualty Insurance Company Highmark Services Company

May 13, 1999 Ms. Thelma Lewis Corporate Specialist Supervisor Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 RE: Letter No: 099A00024461 Dear Ms. Lewis: Thank you for your letter of May 5, 1999. Enclosed you will find the completed application form and a copy of your letter. Should you have any further questions, you may contact me at 800-328-5433, extension 41132, by fax at 412-544-1138 or by e-mail at roseanna.madvay@highmarklife.com Very Truly Yours, Roseana Madvay Roseanna Madvay Compliance Analyst II

Enclosure(s)

*:* :



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 5, 1999

ROSEANNA MADVAY TRANS-GENERAL GROUP P. O. BOX 535061 PITTSBURGH, PA 15253-5061

SUBJECT: TRANS-GENERAL CASUALTY INSURANCE COMPANY, INC. Ref. Number: F96000002861

We have received your document for TRANS-GENERAL CASUALTY INSURANCE COMPANY, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A foreign corporation which change its name should file an amended application in this office within 30 days after the occurance of any such change. Attached is the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6905.

Letter Number: 099A00024461

Thelma Lewis
Corporate Specialist Supervisor

# PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

	CTION I BE COMPLETED)	SECR F
	-	
1. Trans-General Casualty	Insurance Company, In	c. 🏺 뜻의 및 O
Name of corporation as it appears o	n the records of the Department	of State.
2. Pennsylvania	3 6-7-96	
Incorporated under laws of	Date authorized t	to do business in Florida
,		
SEC	TION II	<del>_</del> _
(4-7 COMPLETE ONLY 1	THE APPLICABLE CHANGES	) .
		<b>-</b> ·
4. If the amendment changes the name of the corporatio	n, when was the change eff	ected under the laws of
its jurisdiction of incorporation? April 1, 199	9	<u> </u>
•		. <del></del>
5. Highmark Casualty Insura		<u>.                                    </u>
Name of corporation after the amendment, adding suffix "corpo not contained in new name of the corporation.	oration" "company" or "incorpor	rated," or appropriate abbreviation, if
201 001 miles in 1011 miles of the corporation.		<del>-</del>
6. If the amendment changes the period of duration, ind	icate new period of duration	
o. If the amendment changes the period of duration, ind.	icate new period of duration	n
Nov.	Duration	<u> </u>
•		
7. If the amendment changes the jurisdiction of incorpor	ration, indicate new jurisdic	ction
·		_
N/A		
New J	urisdiction	
10		-
Roseana Madway	May 1 <b>3</b> ,	
Signature	D	Pate =
Roseanna Madvay	Compliance ;	Analyst II
Typed or printed name	T	itle

9903- 945



#### COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT

Companies of Regulation of Companies 1345 Strawberry Square Harrisburg, PA 17120 Telephone (717) 783-2142 Fax (717) 787-8557

January 11, 1999

Nancy J. Stepanski Senior Vice President Westmont Associates, Inc. 25 Chestnut Street, Suite 105 Haddonfield, New Jersey 08033

ALSO VIA FAX: (609) 216-0303

RE: HIGHMARK CASUALTY INSURANCE COMPANY

Dear Ms. Stepanski:

The following information is being provided in response to your

request, received on January 8, 1999.

Please be advised that the phrasing of the above referenced name has been reviewed and found to be acceptable to the Pennsylvania. Insurance Department. You will need to submit a copy of this letter to the Pennsylvania Department of State, Corporation Bureau.

This Department does not reserve company names. Name reservations can be arranged with the Corporations Bureau, Pennsylvania State Department, telephone number (717) 787-1057

Ttrust that the information provided is responsive to your request. Please feel free to contact me at (717) 783-2143 should you have any questions.

Sincerely

Chief Company Licensing Division

	9903-946  Filed with the Department of State on MN 1 3 1995
	y Number (c.5.3874 Win Properties Secretary of Secretary
<b>第一条</b>	ARTICLES OF AMENDMENT-DOMESTIC BUSINESS CORPORATION  DSCB: 15-1915 (Rev 90)  In compliance with the requirements of 15 Pa.C.S. I 1915 (relating to articles of amendment), the undersigned ress corporation, desiring to amend its Articles, hereby states that:
2. 17	he name of the corporation is: Trans-General Casualty Insurance Company, Inc.  he (a) address of this corporation's current registered office in this Commonwealth or (b) name or its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):
i i i i i i i i i i i i i i i i i i i	120 Fifth Avenue
3. n	ne statute by or under which it was incorporated is: The Insurance Company Law of 1921  the date of its incorporation is: June 22, 1977  Theck, end if appropriate complete, one of the following):
6.00	The amendment shall be effective upon filing these Articles of Amendment in the Department of State.  The amendment shall be effective on: April 1, 1999 at 12:00 a.m.  Date Hour  Theck one of the following):  The amendment was adopted by the shareholders (or members) pursuant to 15 Pa.C.S. § 1914(a) and (b).
	The amendment was adopted by the board of directors pursuant to 15 Pa.C.S. § 1914(c)  heck, and if appropriate complete, one of the following):  The amendment adopted by the corporation, set forth in full, is as follows:
	** elst. The name by which the company shall be known is Highmark Casualty Insurance Company.**
	The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.  JAN 13. 99.

	2007 500					
CB: 15-1915 (Rev 90)-2	9903- 977	, co			_	
(Check if the amendment res	tates the Articles):	i serie				
ı		_				
	of incorporation super					
IN TESTIMONY WHERE	OF, the undersigned con	poration has ca day of Jai	used these A tuary	rticles of An _ 19 <u>99</u>		-
	OF, the undersigned con	poration has ca day of Jai	used these Anuary	articles of Am 19 99 Asualty me of Corpora	nendment to be	

DSCB: 15-1915 (Rev 80)-3

### COMMONWEALTH OF PENNSYLVAN IA

## DEPARTMENT OF STATE

FEBRUARY 17, 1999

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

HIGHMARK CASUALTY INSURANCE COMPANY

I, Kim Pizzingrilli, Acting Secretary of the Commonwealt $\overline{h}$  of Pennsylvania do hereby certify that the foregoing and annexed is a true and correct photocopy of Articles of Amendment

which appear of record in this department



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

ACTING Secretary of the Commonwealth

SSCH