


**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90131 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002861**

1. Corporation Name  
**TRANS GENERAL CASUALTY INSURANCE COMPANY, INC.**  
 Highmark Casualty Insurance Company



Principal Place of Business ATTN: MARY ANN MATTERN FIFTH AVE PLACE, 120 FIFTH AVE PITTSBURGH PA 15222-3099 US	Mailing Address P.O BOX 535061 P6108 PITTSBURGH PA 15253-9911 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/07/1996**

4. FEI Number <b>25-1334623</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL  
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>LOWRY, WILLIAM M</b>	
STREET ADDRESS	<b>FIFTH AVENUE PLACE</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15220</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COLKER, JAMES M</b>	
STREET ADDRESS	<b>CEO VENTURE FUND</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15213</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBB, PAUL A.</b>	
STREET ADDRESS	<b>367 MAPLE AVE.</b>	
CITY-ST-ZIP	<b>EDGEWOOD PA 15218</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KAPPMEYER, KEITH</b>	
STREET ADDRESS	<b>FIFTH AVENUE PLACE</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15222</b>	
TITLE	<b>DCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>KUBIT, DENNIS M</b>	
STREET ADDRESS	<b>FIFTH AVENUE PLACE</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15222</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAFFER, JOHN N</b>	
STREET ADDRESS	<b>MCCROSKY TOOL CORPORATION</b>	
CITY-ST-ZIP	<b>MEADVILLE PA 16335</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>W. Dennis Cronin</b>	
1.3 STREET ADDRESS	<b>5805 Wilson Drive</b>	
1.4 CITY-ST-ZIP	<b>Bethel Park, PA 15102</b>	
2.1 TITLE	<b>Carl W. Smollinger, Jr.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>2131 West Grand Dr.</b>	
2.3 STREET ADDRESS	<b>Gibsonia, PA 15044</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Warren G. Weber</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>4224 Commodore Dr.</b>	
3.3 STREET ADDRESS	<b>Erie, PA 16505</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>Catherine Blanchard</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>154 McClanahan Dr.</b>	
4.3 STREET ADDRESS	<b>Beaver Falls, PA 15010</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Smollinger **SIGNATURE REQUIRED** 4/30/99 412-544-1056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)