

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90092 008 ***150.00

DOCUMENT # F96000002861

1. Entity Name
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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 25-1334623	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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) 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"/>	FILE NOW!!! FEE IS \$150.00. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10: Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	LOWRY, WILLIAM M	
STREET ADDRESS	FIFTH AVENUE PLACE	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLKER, JAMES M	
STREET ADDRESS	CEO VENTURE FUND	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBB, PAUL A.	
STREET ADDRESS	367 MAPLE AVE	
CITY-ST-ZIP	EDGEWOOD PA 15218	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCHARD, CATHERINE	
STREET ADDRESS	154 MCCLANAHAN DR.	
CITY-ST-ZIP	BEAVER FALLS PA 15010	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	KUBIT, DENNIS M	
STREET ADDRESS	FIFTH AVENUE PLACE	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAFFER, JOHN N	
STREET ADDRESS	MCCROSKY TOOL CORPORATION	
CITY-ST-ZIP	MEADVILLE PA 16335	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lowry, William M.	
STREET ADDRESS	433 Laurel Oak Drive	
CITY-ST-ZIP	Seewickley, PA 15143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colker, James	
STREET ADDRESS	128 Beechwood Lane	
CITY-ST-ZIP	Pittsburgh, PA 15206	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robb, Paul A.	
STREET ADDRESS	307 Maple Ave.	
CITY-ST-ZIP	Edgewood, PA 15218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See attached for a complete listing of all officers and directors.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kubit, Dennis M.	
STREET ADDRESS	1904 Lake Marshall Drive	
CITY-ST-ZIP	Gibsonia, PA 15044	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shaffer, John N.	
STREET ADDRESS	14 Forest Avenue	
CITY-ST-ZIP	Meadville, PA 16335	

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: N. Dennis C. Date: 4/30/01 Daytime Phone #: 800-328-5433

CR2E034 (10/00)

Attachment

836443

#F96000002861

Last Name	First Name	Middle Name	Suffix	Birth Date	Held Since	Ceased Employment	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

Attachment

836443

HIGHMARK

LIFE & CASUALTY GROUP

#K96000002861

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

April 26, 2001

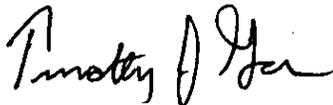
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Ladies and Gentlemen:

Enclosed please find the 2001 Uniform Business Report along with a check in the amount of \$150.00 as submitted by the Highmark Casualty Insurance Company.

Please direct all inquiries to the undersigned at (800) 328-5433.

Sincerely,



Timothy J. Gorman
Director of Financial Reporting