


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90201 034 ***550.00

DOCUMENT # F96000002861					
1. Entity Name HIGHMARK CASUALTY INSURANCE COMPANY					
Principal Place of Business 120 FIFTH AVENUE P6106 PITTSBURGH, PA 15222-3099 US			Mailing Address P.O BOX 535061 P6106 PITTSBURGH, PA 15253-5061 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 25-1334623	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0300			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PB	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBISH, DANIEL J		NAME	Mary Butler-Everson	
STREET ADDRESS	1826 MURDSTONE RD		STREET ADDRESS	215 Maplewood Drive	
CITY-ST-ZIP	PITTSBURGH, PA 15241		CITY-ST-ZIP	McMurray PA 15317	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBB, PAUL A		NAME	Beata Madey	
STREET ADDRESS	307 MAPLE AVE		STREET ADDRESS	303 Scarlet Park Court	
CITY-ST-ZIP	PITTSBURGH, PA 15218		CITY-ST-ZIP	Cranberry, PA 16066	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRONIN, WILLIAM D		NAME	Matt Piroch	
STREET ADDRESS	557 OLD FAYETTE TRAIL		STREET ADDRESS	180 Dershimer Avenue	
CITY-ST-ZIP	OAKDALE, PA 15071		CITY-ST-ZIP	Butler PA 16001	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, CATHERINE		NAME		
STREET ADDRESS	154 MCCLANAHAN DR.		STREET ADDRESS		
CITY-ST-ZIP	BEAVER FALLS, PA 15010		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSI, EUGENE A		NAME		
STREET ADDRESS	1105 ONONDAGO ST		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15218		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PAMELA R		NAME		
STREET ADDRESS	128 BEECHWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15206		CITY-ST-ZIP		
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: <u>W. Dennis Cain</u>		5/10/05 412-544-1056			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			