

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002861

FILED
Apr 28, 2006
Secretary of State

Entity Name: HIGHMARK CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

120 FIFTH AVENUE
P6106
PITTSBURGH, PA 152223099 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 535061
P6106
PITTSBURGH, PA 152535061 US

New Mailing Address:

FEI Number: 25-1334623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990300 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PB () Delete
Name: LEBISH, DANIEL J
Address: 1826 MURDSTONE RD
City-St-Zip: PITTSBURGH, PA 15241

Title: S () Delete
Name: ROBB, PAUL A
Address: 307 MAPLE AVE
City-St-Zip: PITTSBURGH, PA 15218

Title: VT () Delete
Name: CRONIN, WILLIAM D
Address: 557 OLD FAYETTE TRAIL
City-St-Zip: OAKDALE, PA 15071

Title: V () Delete
Name: BUTLER-EVERSON, MARY
Address: 215 MAPLEWOOD DR
City-St-Zip: CANONSBURG, PA 15317

Title: V () Delete
Name: SUSI, EUGENE A
Address: 1105 ONONDAGO ST
City-St-Zip: PITTSBURGH, PA 15218

Title: V () Delete
Name: MADEY, BEATA
Address: 303 SCARLET PARK COURT
City-St-Zip: CRANBERRY TWP, PA 16066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CRONIN, WILLIAM D
Address: 557 OLD FAYETTE TRAIL
City-St-Zip: OAKDALE, PA 15071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. DENNIS CRONIN

VP

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date