

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002861

FILED
Apr 05, 2011
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

OFFICERS AND DIRECTORS:

Title: CEO
Name: LEBISH, DANIEL J
Address: 1826 MURDSTONE RD
City-St-Zip: PITTSBURGH, PA 15241 US

Title: P
Name: SULLIVAN, MICHAEL W
Address: 801 PLYMOUTH RD.
City-St-Zip: GWYNEDD VALLEY, PA 14437 US

Title: S
Name: BITTNER, EDWARD A
Address: 1782 DOMINION DR.
City-St-Zip: PITTSBURGH, PA 15241 US

Title: VT
Name: WRIGHT, DANIEL J
Address: 993 YORKSHIRE DRIVE
City-St-Zip: HARRISBURGH, PA 17111 US

Title: V
Name: LANCELOTTI, MARK D
Address: 85 WATERFRONT DRIVE
City-St-Zip: PITTSBURGH, PA 15222 US

Title: V
Name: PALMIERI, DOMENIC
Address: 664 ROLLING GREEN DRIVE
City-St-Zip: BETHEL PARK, PA 15102 US

I hereby 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 all other like empowered.

SIGNATURE: DANIEL J. WRIGHT

VT

04/05/2011

Electronic Signature of Signing Officer or Director

_____ Date