

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90309 045 ***150.00

DOCUMENT # F96000002861

1. Entity Name
HIGHMARK CASUALTY INSURANCE COMPANY



Principal Place of Business
**ATTN: MIKE KOWALSKI
FIFTH AVE PLACE, 120 FIFTH AVE
PITTSBURGH PA 15222-3099
US**

Mailing Address
**P.O BOX 535061
P6108
PITTSBURGH PA 15253-9911
US**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **25-1334623** Applied For
Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LOWRY, WILLIAM M 423 LAUREL OAK DRIVE SEWICKLEY PA 15143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLKER, JAMES M 128 BEECHWOOD LANE PITTSBURGH PA 15206 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBB, PAUL A. 307 MAPLE AVE PITTSBURGH PA 15218 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, CATHERINE 154 MCCLANAHAN DR. BEAVER FALLS PA 15010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KUBIT, DENNIS M 1904 LAKE MARSHALL DRIVE GIBSONIA PA 15044 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, JOHN N 14 FOREST AVENUE MEADVILLE PA 16335 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB LEBISH, DANIEL JAY 1826 MURDSTONE RD PITTSBURGH PA 15241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CRONIN, W. DENNIS 557 OLD FAYETTE TRAIL OAKDALE PA 15071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, PAMELA 301 MCKENZIE DR PITTSBURGH PA 15235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUSI, EUGENE A 700 PENN ST PITTSBURGH PA 15215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MADEY, BEATA A 303 SCARLET PEAK COURT CRANBERRY TWP PA 16066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRAY, ROBERT CLARK 6007 WEST GROVE CIRCLE GIBSONIA PA 15044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: SIGNATURE REQUIRED *Dennis Cronin* **4/17/2003** **800-328-5433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment 90108556
#F96000002861

2003 Uniform Business Report
Document # F960000028961
Highmark Casualty Insurance Company

Block 11 continuation:

Title	D	Change XX Addition
Name	GRAY, ROBERT	
Street Address	6007 West Grove Circle	
City-St-Zip	GIBSONIA, PA 15044	
Title	D	Change XX Addition
Name	GRODE, GEORGE	
Street Address	109 Allendale Way	
City-St-Zip	CAMP-HILL, PA 17089	
Title	D	Change XX Addition
Name	WEBER, WARREN	
Street Address	4224 COMMODORE DR	
City-St-Zip	ERIE, PA 16505	
Title	D	Change XX Addition
Name	WHITE, THOMAS	
Street Address	213 MISSION MEADE ROAD	
City-St-Zip	NEW CASTLE, PA 16105	
Title	D	Change XX Addition
Name	WILLIAMS, DORIS	
Street Address	1429 PENNSYLVANIA AVE	
City-St-Zip	PITTSBURGH PA 15233	