

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002861

1. Entity Name

HIGHMARK CASUALTY INSURANCE COMPANY

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90001 022 \*\*\*550.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1334623

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete  
NAME LOWRY, WILLIAM M  
STREET ADDRESS FIFTH AVENUE PLACE  
CITY-ST-ZIP PITTSBURGH PA 15220

TITLE V, T ☐ Change ☒ Addition  
NAME Cronin, W. Dennis  
STREET ADDRESS 557 Old Fayette Trail  
CITY-ST-ZIP Oakdale, PA 15071

TITLE D ☐ Delete  
NAME COLKER, JAMES M  
STREET ADDRESS CEO VENTURE FUND  
CITY-ST-ZIP PITTSBURGH PA 15213

TITLE V ☐ Change ☒ Addition  
NAME SVST, Eugene A.  
STREET ADDRESS 700 Penn St.  
CITY-ST-ZIP Pittsburgh, PA 15215

TITLE S ☐ Delete  
NAME ROBB, PAUL A.  
STREET ADDRESS 367 MAPLE AVE  
CITY-ST-ZIP EDGEWOOD PA 15218

TITLE D ☐ Change ☒ Addition  
NAME MOORE, JAMES STANTON  
STREET ADDRESS 31 THE TRILLIUM  
CITY-ST-ZIP PITTSBURGH, PA 15238-1930

TITLE D ☐ Delete  
NAME BLANCHARD, CATHERINE  
STREET ADDRESS 154 MCCLANAHAN DR.  
CITY-ST-ZIP BEAVER FALLS PA 15010

TITLE D ☐ Change ☒ Addition  
NAME Smolinger Jr., Carl William  
STREET ADDRESS 2131 West Grove Dr.  
CITY-ST-ZIP Gibsonia, PA 15044

TITLE DCEO ☐ Delete  
NAME KUBIT, DENNIS M  
STREET ADDRESS FIFTH AVENUE PLACE  
CITY-ST-ZIP PITTSBURGH PA 15222

TITLE D ☐ Change ☒ Addition  
NAME Weber, Warren G  
STREET ADDRESS 4224 Commodore Drive  
CITY-ST-ZIP Erie, PA 16505

TITLE D ☐ Delete  
NAME SHAFFER, JOHN N  
STREET ADDRESS MCCROSKY TOOL CORPORATION  
CITY-ST-ZIP MEADVILLE PA 16335

TITLE D ☐ Change ☒ Addition  
NAME White, Thomas  
STREET ADDRESS 213 Mission Meade Road  
CITY-ST-ZIP New Castle, PA 16105

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00  
Date

800-328-5433  
Daytime Phone #

CR2E034 (5/00)

Attachment  
D#F9600002861  
00086280

2000 UNIFORM BUSINESS REPORT (UBR)  
DOCUMENT 3 F96000002861  
Highmark Casualty Insurance Company

12. ADDITIONS/CHANGES to OFFICERS AND DIRECTORS IN 11

V

BLANCHARD, CATHERINE  
154MCCLANAHAN DR.  
BEAVER FALLS, PA 15010

☒ CHANGE \_ ADDITION