2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 850361 1. Entity Name HIGHMARK LIFE INSURANCE COMPANY Mailing Address Principal Place of Business PO BOX 535061 1 COMMERCIAL PLAZA 15TH FLOOR 280 TRUMBULL STREET 120 FIFTH AVENUE STE P6108 HARTFORD CT 06103 PITTSBURG PA 15253 US 2 Principal Place of Business 3. Mailing Address

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90052 048 ***150.00



2. This part tace of Basinese									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. F	TEI Number 06-1041332	————	Applied For Not Applicable		
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Ac	dditional		
6. Name r	and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent					
		<u> </u>	Name			 -			
INSURANCE COMMIS	SIONER		Chant A	Street Address (P.O. Box Number is Not Acceptable)					
THE CAPITOL	*		SileerA						
TALLAHASSEE FL 323	RA1								
INDAMAGOLL IL OZ			City			Zip Co			
			City			FL Zip Co			
8. The above named entity	submits this statement for th	ne purpose of changing its i	egistered office o	r registered ag	ent, or both, in the State of Florida.				
SIGNATURE	r printed name of registered agent and	NOTE:	Registered Agent signal	the sourced when so	(instation)	ATE			
Signature, typed o	r printed name or registered agent and	ппе п аррясавів. (1901).	negisterad Agent signal	ure required when re	()	***			
 This corporation is eligible. Tax filing requirement are (See criteria on back). 		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		550.00	Election Campaign Financing Trust Fund Contribution.		.00 May Be ed to Fees		
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11		
TITLE V		. Delete	TITLE	Vice Pres	siden t	☐ Change	Addition		
NAME " CRONIN, V	v." Dennis		NAME	Brown, Pa					
	AYETTE TRAIL		STREET ADDRESS	301 Mck	ensie Drive				
CITY-ST-ZIP OAKDALE	PA 15071	18.59	CITY-ST-ZIP		gh PA ISZJS				
TITLE PB		☐ Delete	TITLE	Director	*	☐ Change	Addition		
NAME KUBIT, DE			NAME STREET ADDRESS	Colker, 3	hword lane				
STREET ADDRESS 1904 LAKE CITY-ST-ZIP GIBSONIA	MARSHALL DRIVE		CITY-ST-ZIP		sh PA 15206				
	FA 19044	☐ Delete	TITLE	Director	Sh /4 13286	Change	Addition		
TITLE S ROBB, PAL	II A	□1 Delete	NAME	brode, be			-		
STREET ADDRESS 307 MAPLE			STREET ADDRESS	109 Alle	dale Way				
	D PA 15218		CITY-ST-ZIP		PA ITURG	<u>,</u>			
TITLE V		☐ Delete	TITLE		of the Board	☐ Change	Addition		
NAME BLANCHAP	RD, CATHERINE L		NAME	Lowry, W	lillian				
	nahan Dr.		STREET ADDRESS		el Clok Drive				
	ALLS PA 15010		CITY-ST-ZIP	Sewickle	Uice presiden	 			
TITLE V		☐ Delete	TITLE	Madey	Beata VICE presiden	Change	Addition		
NAME SUSI, EUG			NAME STREET ADDRESS	303 Sc a	irlet Peak Court				
STREET ADDRESS 700 PENN CITY-ST-ZIP PITTSRURG	SI. 3H PA 15215		CITY-ST-ZIP		my twp 16066				
	JIT PA 10210	□ Doloto	TITLE	Director	•	Change	Addition		
TITLE NAME		☐ Delete	NAME			L 01.01190			
STREET ADDRESS			STREET ADDRESS	Moore, 31 Trillio	umes				
			CITY-ST-ZIP	Pittsbuc	um .				
CITY-ST-ZIP				1 1 Tre 1 -	1612 PA 15218				

or the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

Daytime Phone # Date

1. Entity Nar	2 UNIFORM BUS IMENT # 8503 RK LIFE INSURANCE CON	61 JPANY			845	775		
Principal Place of Business 1 COMMERCIAL PLAZA 15TH FLOOR 280 TRUMBULL STREET HARTFORD CT 06103 US		Mailing Address PO BOX 535061 120 FIFTH AVENUE STE PITTSBURG PA 15253 US	E P61 08					
	Place of Business	3. Mailing Address			DO NOT WRITE	IN THE CRACE		
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		4. FEI Numb	DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For			
Zip	Country	Zip	Country		06-1041332	\$8.75	Not Applicab	
			3001117		of Status Desired	Fee Requ		
	6. Name and Address of Currer	nt Registered Agent	Name		Address of New Re	gistered Agent		
THE CAP	ICE COMMISSIONER ITOL SSEE FL 32301		Street	Address (P.O. Box Numb	er is Not Acceptable)		<u> </u>	
INLLAIM	OOLL 1 L 02001		City			FL Zip C	pde	
8. The above	e named entity submits this statement				th, in the State of Flori	ida.		
SIGNATURE 9. This corporate filing	e named entity submits this statement Signature, typed or printed name of registered age oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	ont and title if applicable. (NO FILE NOW After May 1, 20	OTE: Registered Agent sign VIII FEE IS \$150 DO2 Fee will be !	nature required when reinstaling) 0.00 10. Ele 550.00	th, in the State of Flori	DATE	.00 May Be led to Fees	
9. This corporate filing	Signature, typed or printed name of registered age or	of the order of the state of applicable. (NO After May 1, 20 Make Check Paya	OTE: Registered Agent sign VIII FEE IS \$150 DO2 Fee will be !	0.00 10. Ele \$550.00 Tru	ection Campaign Finar	DATE noting \$5	led to Fees	
9. This corporate filing (See crite	Signature, typed or printed name of registered age oration is eligible to satisfy its Intangib requirement and elects to do so, ria on back) OFFICERS AND CRONIN, W. DENNIS	of the order of the state of applicable. (NO After May 1, 20 Make Check Paya	OTE: Registered Agent sign VIII FEE IS \$150 002 Fee will be soble to Departme	Director Shaffer, John 14 Forest Avenue	ection Campaign Finar est Fund Contribution. CHANGES TO OFFIC	DATE noting \$5	led to Fees DRS IN 11	
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back) OFFICERS AND V CRONIN, W. DENNIS 557 OLD FAYETTE TRAIL OAKDALE PA 15071 PB KUBIT, DENNIS M 1904 LAKE MARSHALL DRIVE	of the order of the interest of the order of	ITE: Registered Agent sign IIII FEE IS \$150 OO2 Fee will be sible to Departme 12. THLE NAME STREET ADDRESS	ADDITIONS/ Director Shaffer, John 14 Forest Avenu Meaduille Pi Director Weber, Warren 4224 Commode	ection Campaign Finar ist Fund Contribution. CHANGES TO OFFIC CHANGES TO OFFIC CHANGES TO OFFIC	DATE noting \$5 CERS AND DIRECTO	led to Fees ORS IN 11 e Addition	
9. This corporate filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back) OFFICERS AND V CRONIN, W. DENNIS 557 OLD FAYETTE TRAIL OAKDALE PA 15071 PB KUBIT, DENNIS M 1904 LAKE MARSHALL DRIVE GIBSONIA PA 15044 S ROBB, PAUL A 307 MAPLE AVENUE	of the order of the interpolation of the order of the ord	ITE: Registered Agent sign III FEE IS \$150 Fée will be solution of the solut	nature required when reinstaling) 0.00 10. Ele 5550.00 ITTL ADDITIONS/ Director Shaffer, John 14 Forest Avenu Meaduille Pi Pirector Weber, Warren 4224 Commode Eric PA 16 Director White, thomas 213 Mission Mea	ection Campaign Final ist Fund Contribution. CHANGES TO OFFIC CH	DATE noting \$5 CERS AND DIRECTO Change	led to Fees ORS IN 11 e Strandition Addition	
9. This corporate for the street address city-st-zip Title NAME STREET ADDRESS	Signature, typed or printed name of registered age oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back) OFFICERS ANI V CRONIN, W. DENNIS 557 OLD FAYETTE TRAIL OAKDALE PA 15071 PB KUBIT, DENNIS M 1904 LAKE MARSHALL DRIVE GIBSONIA PA 15044 S ROBB, PAUL A 307 MAPLE AVENUE EDGEWOOD PA 15218 V BLANCHARD, CATHERINE L 154 MCLANAHAN DR.	ont and Life if applicable. (NO Die FILE NOW After May 1, 2t Make Check Paya D DIRECTORS Delete Delete	ITE: Registered Agent sign IIII FEE IS \$150 DEPARTME 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Director Weber, Warren 424 Commode Erie PA 16 Director White, Thomas 213 Mission Mea New Castle	ection Campaign Final ist Fund Contribution. CHANGES TO OFFIC CH	DATE noting \$5 CERS AND DIRECTO Change	led to Fees ORS IN 11 Addition Addition Addition	
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Daytinie Pticina #

Date

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR