

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90052 048 ***150.00

DOCUMENT # 850361

1. Entity Name
HIGHMARK LIFE INSURANCE COMPANY

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 P6108
PITTSBURG PA 15253
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1041332

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
THE CAPITOL
TALLAHASSEE FL 32301

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **V** ☐ Delete
 NAME **CRONIN, W. DENNIS**
 STREET ADDRESS **557 OLD FAYETTE TRAIL**
 CITY-ST-ZIP **OAKDALE PA 15071**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Brown, Pamela**
 STREET ADDRESS **301 McKenzie Drive**
 CITY-ST-ZIP **Pittsburgh PA 15225**

TITLE **PB** ☐ Delete
 NAME **KUBIT, DENNIS M**
 STREET ADDRESS **1904 LAKE MARSHALL DRIVE**
 CITY-ST-ZIP **GIBSONIA PA 15044**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Colker, James**
 STREET ADDRESS **128 Beechwood lane**
 CITY-ST-ZIP **Pittsburgh PA 15206**

TITLE **S** ☐ Delete
 NAME **ROBB, PAUL A**
 STREET ADDRESS **307 MAPLE AVENUE**
 CITY-ST-ZIP **EDGEWOOD PA 15218**

TITLE **Director** ☐ Change ☒ Addition
 NAME **brode, George**
 STREET ADDRESS **109 Allendale Way**
 CITY-ST-ZIP **Camphill PA 17089**

TITLE **V** ☐ Delete
 NAME **BLANCHARD, CATHERINE L**
 STREET ADDRESS **154 McLANAHAN DR.**
 CITY-ST-ZIP **BEAVER FALLS PA 15010**

TITLE **Chairman of the Board** ☐ Change ☒ Addition
 NAME **Lowry, William**
 STREET ADDRESS **423 Laurel Oak Drive**
 CITY-ST-ZIP **Sewickley PA 15143**

TITLE **V** ☐ Delete
 NAME **SUSI, EUGENE A**
 STREET ADDRESS **700 PENN ST.**
 CITY-ST-ZIP **PITTSBURGH PA 15215**

TITLE **Madey, Benta Vice president** ☐ Change ☒ Addition
 NAME **303 Scarlet Peak Court**
 STREET ADDRESS **Cranberry Twp 16066**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
 NAME **Moore, James**
 STREET ADDRESS **31 Trillium**
 CITY-ST-ZIP **Pittsburgh PA 15228**

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:

W. Dennis Cronin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

845775

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4. FEI Number **06-1041332**
Applied For
Not Applicable

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**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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Make Check Payable to Department of State

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRONIN, W. DENNIS 557 OLD FAYETTE TRAIL OAKDALE PA 15071 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB KUBIT, DENNIS M 1904 LAKE MARSHALL DRIVE GIBSONIA PA 15044 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBB, PAUL A 307 MAPLE AVENUE EDGEWOOD PA 15218 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANCHARD, CATHERINE L 154 McLANAHAN DR. BEAVER FALLS PA 15010 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUSI, EUGENE A 700 PENN ST. PITTSBURGH PA 15215 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Shaffer, John 14 Forest Avenue Meadville PA 16335 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Weber, Warren 4224 Commodore Drive Erie PA 16505 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director White, Thomas 213 Mission Meade Road New Castle PA 16105 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____