## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 811284 (9)
1. Corporation Name
GENERAL ACCIDENT INSURANCE COMPANY OF AMERICA

Principal Place of Business Mailing Address 436 WALNUT STREET **436 WALNUT STREET** PHILADELPHIA PA 19106-3703 PHILADELPHIA PA 19106-3703

## **FILED** Apr 23 1997 8:00am Secretary of State



										Date Incorporated or 09/06/1956	Qualified		e of Last F 14/1996	Report	
2.	Principal Place of Business			2a	2a. Mailing Address				4.	FE1 Number			A	oplied For	
21					26					23-1502700 Not Applicable					
22	Suite, Apt.	ulte, Apt. #, etc.			Suite, Apt. #, etc.				5.	<b>5.</b> Certificate of Status Desired Section Fee Required					
	City & State	City & State			City & State					Election Campaign Fil Trust Fund Contribution	-			May Be to Fees	
	Zip		Country 25	29	Zip Cou			ry	- 1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ເ No					
				of Current Regis	stered Agent	······································			10.	Name and Address	of New Reg	sistered A	gent		
	SMI	TH, EILEEI	N S				8								
2601 WESTHALL LANE							F	Blizabeth Bowden  82 Street Address (P.O. Box Number is Not Acceptable)							
	MA	TLAND FL	32751						dress (P.O. Box Number is Not Acceptable)  Festhall Lane						
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ĺ							8	4 City Maitl	and			FI		Code <b>751</b>	
11	Pursuant	to the provis	ions of Sections	607 0502 and f	307 1508 Flor	da Statutos	the abo			submits this stateme	nt for the ni	urpose of			
''	office or r	egistered ag	ent, or both, in	the State of Flori	da. Such cha	nge was au	horized	by the corp	oration's be	oard of directors. I he	rehy accep	t the appo	sintment as	registered	
		m tamiliar w	iin, and accept	trie obligations o	n, Section 607	.ubub, Hari		<sub>es.</sub> .izabet			,	16	100		
SIC	SNATURE	Signature, typeu	July	gistered agent and title	<u>م می کوس</u>	/NO15 - A		gent signature r				19	191		
12	<del></del> _	Signature, types		ERS AND DIRE		(MOST)	13.	gon signature i		DDITIONS/CHANGES	TO OFFIC	FRS AND	DIRECTOR	RS IN 12	
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	r-st-zip		LPHIA PA				1.4 CITY - ST- ZIP								
TITE		VI				ELETE	2.1 Title						Change	Addition	
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I do 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 annual report or supplemental annual 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 copressition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, Florida Statutes; and that my name address.

4/14/97

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