

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90187 019 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 811284

1. Corporation Name
GENERAL ACCIDENT INSURANCE COMPANY OF AMERICA



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

Mailing Address
**436 WALNUT STREET
 PHILADELPHIA PA 19106-3703**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **One Beacon Street**

23 City & State

27 City & State
Boston, MA

24 Zip Country

28 Zip Country
02108 USA

3. Date Incorporated or Qualified

09/06/1956

4. FEI Number

23-1502700

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**BOWDEN, ELIZABETH
 2601 WESTHALL LANE
 MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name **FLORIDA INSURANCE COMMISSIONER**
 82 Street Address (P.O. Box Number is Not Acceptable)
THE CAPITOL BUILDING
 83 **1000 N. GULF BLVD. 32201**
 84 City **TALLAHASSEE FL** 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	FARNAM, WALTER E.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	NAUGHTON, JOHN J.	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DYEN, RANDALL E	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, DENNIS R.	
1.3 STREET ADDRESS	ONE BEACON ST	
1.4 CITY-ST-ZIP	BOSTON MA	
2.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOWDY, ROBERT C.	
2.3 STREET ADDRESS	ONE BEACON ST	
2.4 CITY-ST-ZIP	BOSTON MA	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEBER, JOHN A	
3.3 STREET ADDRESS	ONE BEACON ST	
3.4 CITY-ST-ZIP	BOSTON MA	
4.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PERLMAN, ROBERT S.	
4.3 STREET ADDRESS	ONE BEACON ST	
4.4 CITY-ST-ZIP	BOSTON MA	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis R. Smith DENNIS R. SMITH 03/04/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)