

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90058 012 ***150.00

DOCUMENT # 818752

1. Entity Name

GENERAL ACCIDENT INSURANCE COMPANY

Principal Place of Business

Mailing Address

436 WALNUT STREET
 PHILADELPHIA PA 19106-3703

ONE BEACON STREET
 BOSTON MA 02108-3107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1471444**

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

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 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, 2000 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 **S** Delete
 NAME **SMITH, DENNIS R**
 STREET ADDRESS **ONE BEACON STREET**
 CITY-ST-ZIP **BOSTON MA**

TITLE **V/D** Change Addition
 NAME **BANAS, RICHARD S**
 STREET ADDRESS **ONE BEACON ST**
 CITY-ST-ZIP **BOSTON, MA**

TITLE **PCD** Delete
 NAME **GOWDY, ROBERT C**
 STREET ADDRESS **ONE BEACON STREET**
 CITY-ST-ZIP **BOSTON MA**

TITLE **V/D** Change Addition
 NAME **BRAZAUSKAS, HANS L**
 STREET ADDRESS **ONE BEACON ST**
 CITY-ST-ZIP **BOSTON, MA**

TITLE **VD** Delete
 NAME **WEBER, ROBERT S**
 STREET ADDRESS **ONE BEACON STREET**
 CITY-ST-ZIP **BOSTON MA**

TITLE **V/D** Change Addition
 NAME **CARSTENSEN, HANS L**
 STREET ADDRESS **108 MYRTLE ST**
 CITY-ST-ZIP **BOSTON, MA**

TITLE **AT** Delete
 NAME **PERLMAN, ROBERT S**
 STREET ADDRESS **ONE BEACON STREET**
 CITY-ST-ZIP **BOSTON MA**

TITLE **V/D** Change Addition
 NAME **DOYLE, JOHN F**
 STREET ADDRESS **ONE BEACON ST**
 CITY-ST-ZIP **BOSTON, MA**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/D/CFO** Change Addition
 NAME **FITZPATRICK, CHARLES R**
 STREET ADDRESS **ONE BEACON ST**
 CITY-ST-ZIP **BOSTON, MA**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **JORDAN, RICHARD A**
 STREET ADDRESS **ONE BEACON ST**
 CITY-ST-ZIP **BOSTON, MA**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

3/16/00 (617) 725-7430
 Date Daytime Phone #