2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90651 034 ***150.00

057209 AT

DOCUMENT # 836238

1. Entity Name
GE GROUP LIFE ASSURANCE COMPANY

Principal Place of Business	Mailing Address
100 BRIGHT MEADOW BLVD ENFIELD CT 06082	100 BRIGHT MEADOW BLVD ENFIELD CT 06082

B00053567

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-0893662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RIPLEY, GEORGE W III 18 UPLANDS WAY GLASTONBURY CT 06033	☐ Delete	V SD Ripley, George W. III	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMAS PRIZZIA, GARY 4801 HEARTHSTONE RD GLEN ALLEN VA 23059	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO MALLESCH, EILEEN 2 WHITE PINE TERRACE SIMSBURT CT 06089	☐ Delete	CFO D Mallesch, Eileen	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD INA-CANTA-GRABCE, MARCIA 1541 FOREST DRIVE MCLEAN VA	☐ Delete	Ina Cantor-Grable, Marcia 27 Brittany Road Longmeadow, MA 01106	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CASEY, THOMAS W 9625 S LOMAN PLACE RICHMOND VA 23230	☐ Delete	D Schutz, Pamela S. 19 Willway Ave. Richmond, VA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANDERS, JOEL D 609 CORNERSTONE LANE BRYN MAWK PA	☐ Delete	D Joppa, Glenn L. 171 Course Drive Lake in the Hills, IL	☐ Change ☒ Addition

CR2E034 (9/01)

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: _____ 4/4/02 860-737-7317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
George W. Ripley III