TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Colonial Penn Insurar (Name	nce Company of corporation)		<del></del>	-
DOCUMENT NUMBER:		<del> </del>	<u>.</u> .	
The enclosed Amendment and fee are subm	uitted for filing.			
Please return all correspondence concerning	g this matter to the follow	ing:		
Nancy M. Liu		na seen	A	
(Name of person)				
GE Property & Casualty Insurance (Name of firm/company)	e Company			
500 Virginia Drive (Address)		700007 -08/13 *****	3/02010	07100: *****43.
Fort Washington, PA 19034 (City/state and zip code)	· · · · · · · · · · · · · · · · · · ·		•	_7 ev=
For further information concerning this mat	ter, please call:			
Nancy M. Liu (Name of person)	_at ( <u>267</u> ) <u>468</u> (Area code & daytir	3-3017 ne telephone numi	ber)	. J. s
Enclosed is a check for the following amoun	nt:			
\$35.00 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate	of Status & Copy	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399		SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED 62 AUG 13 PM 4: 16
	Loner	<i>,</i>		•



Nancy M. Liu Counsel (267) 468-3017 fax no. (267) 468-3866

email address: nancy.liu@gecapital.com

Executive Offices 500 Virginia Drive, Ft. Washington, PA 19034

August 12, 2002 .

#### PERSONAL AND CONFIDENTIAL

Florida Department of State Registration Section Division of Corporations Attention: Susan Payne, Senior Section Administrator 409 E. Gaines St. Tallahassee, Florida 32399

Colonial Penn Insurance Company (name change to GE Property & Casualty RE:

Insurance Company)

Colonial Penn Franklin Insurance Company (name change to GE Casualty

Insurance Company

Colonial Penn Madison Insurance Company (name change to GE Indemnity

Insurance Company)

Dear Ms. Payne:

We are in receipt of your letter of July 9, 2002.

As per our phone conversations of July 30, July 31 and August 1, 2002, attached please find withdrawal forms and amendment forms for the above referenced companies. As per our phone conversation of August 1, 2002, you agreed to waive the withdrawal fees for the above referenced companies. For the amendment, we have included copies of the previously submitted certifications and filing fees of \$43.75 for each company.

Thank you for your assistance in this matter. Please do not hesitate to call me if you have any questions regarding these matters or require any additional information.

Mancy M. Liu Nancy M. Liu

### PROFIT CORPORATION

# APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

1. Colonial Penn Insurance Company		
Name of corporation as it appears on the	ne records of the Department of State	e.
2. Pennsylvania	3. October 16, 198  Date authorized to do by	1
Incorporated under laws of	Date authorized to do bu	siness in Florida
SECTION (4-7 COMPLETE ONLY THE		
4. If the amendment changes the name of the corporation,	when was the change effected	under the laws of
its jurisdiction of incorporation? July 1, 2002	· 	
5. GE Property & Casualty Insurance Company Name of corporation after the amendment, adding suffix "corporati not contained in new name of the corporation.	on" "company" or "incorporated,"	
6. If the amendment changes the period of duration, indicat	te new period of duration.	FILED 02 AUG 13 PM 4: 16 SECRETARY OF STATE TALLAHASSEE, FLORID
New Du	ration	<b>新宝</b>
7. If the amendment changes the jurisdiction of incorporation	on, indicate new jurisdiction.	4: 16 STATE FLORIDA
New Juris	diction	, •
Mancy M. Liu Signature	8/12/02_ Date	<u>-</u>
Nancy M. Liu Typed or printed name	<u>Assistant Secre</u> Titl <b>e</b>	tary

### COMMONWEALTH OF PENNSYLVANIA

### DEPARTMENT OF STATE

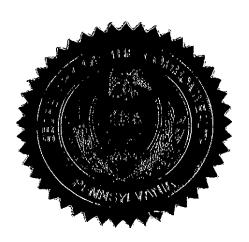
MAY 14, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

GE PROPERTY & CASUALTY INSURANCE COMPANY

I. C Michael Weaver, acting Secretary of the Commonwealth of Pennsylvania do hereby certify that the foregoing and annexed is a true and correct photocopy of Articles of Amendment

which appear of record in this department



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

ACTING Secretary of the Commonwealth

JSOW



### WEURANGE DEPARTMENT

Office of Regulation of Companies 345 Strawberry Square Harrisburg, PA 17120 Www.insurarice.state.pd.us

lephone (717) 783-2660 Fax (717) 787-8557

July 31, 2001

Nancy M. Liu

RECEIVED

AUG 0-2 2001

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LEGAL DEPARTMENT

Counsel: GE Financial Assurance 500 Varginia Draye Fort Washington, PA 19034'

Via Fax. (267) 468-3866

RE: Name Approvals:

- GE Property & Casualty Insurance Company
- GE Casualty Insurance Company
- GE Indemnity Insurance Company

Dear Ms. Liu:

The following information is being provided in response to your request, received on: July 30, 2001.

Please be advised that the phrasing of the above referenced names have been reviewed and found to be acceptable to the Pennsylvania Insurance Department. You will need to submit a copy of this letter to the Pennsylvania Department of State, Corporation: Bureau.

This Department does not reserve company names. Name reservations can be arranged with the Corporations Bureau, Pennsylvania State Department, telephone number (717) 787-1057.

Litrust that the information provided is responsive to your request. Please feel free to contact me at (717) 788-2660, should you have any questions.

Sincerely

Hyphanial Chimaed

Stephanie A. Ohnmacht Insurance Company Licensing Specialist Company Licensing Division.

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Microfilm Nourbe Filed with the	Department of State on
Endry Number Transfer TV LO2.6	Un Vineally
	Secretary of the Commonwealth
ARTICLES OF AMENDMENT DOMESTIC BUSINES	
DSCB (5:1915 (Rev 90)	SSICURFORATION
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*corporation descring to amend its Articles, hereby states that	
i The name of the corporation is <u>Colonial Penn: Insurance: Com</u>	pany
<ol> <li>The rai address of iniscorporations current registered office in this Commonwes office provider and the county of venuess (the Department is hereby authorized the records of the Department).</li> </ol>	allin or (b) name of its commercial registered. d to correct the following information to conformation.
the records of the Department  (a) 500: Virginia Drive: Fort Washington, Pennsylvania	
(a) 500 V 1 40 1 4 U 1 Ve. FUT C Washington, Pennsy Wan 1 a Number and Street City State	a 19034 Montgomer <b>y</b> Zio County
(0) (r)). Name Of Commercial Registered Office Provider	County
For a corporation represented by a commercial registered office provider, the cou	是14.5 字 1.5 20 全线线 1.7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
corporationas located for ventierand chicial publication purposes	
3: The statute by or under which it was incorporated is <u>Act of May 17, 1</u>	921
3. The date of its incorporation is: <u>July 7, 1977</u>	
5 (Check, and if appropriate complete one of the following):	
The amenament shall be effective upon filling these Articles of Amenament in	1/the Department of State,
X. The amendment shall be ellective on: July 1, 2002 at Date 9. (Check one of the following):	Hour Hour
A The amendment was adopted by the shareholders; or menthers) ourstrant to	
X The amendment was adopted by the shareholders (or members) pursuant to The amendment was adopted by the board of directors pursuant to 15 Pa.C.	the control of the co
— X. The amendment was adopted by the shareholders (or men bers) pursuant to The amendment was adopted by the board of directors pursuant to 15 Pa.C.? (Check, and if appropriate complete, one of the following):	the control of the co
The amendment was adopted by the board of directors pursuant to 15 Pa.C.s	the control of the co
The amendment was adopted by the board of directors pursuant to 15 ParC (Check, and if appropriate complete, one of the following)	the control of the co
The amendment was adopted by the board of directors pursuant to 15 Pa.C.  7 (Check, and if appropriate complete; one of the following):  1 X The amendment adopted by the corporation, Set forth in full, is as follows:	the control of the co
The amendment was adopted by the board of directors pursuant to 15 Pa C.  (Check, and if appropriate complete, one of the following)  X. The amendment adopted by the corporation, set forth in full, is as follows:  "FIRST: NAME	the control of the co
The amendment was adopted by the board of directors pursuant to its ParC.  (Check, and if appropriate complete, one of the following):	SeS(3)14(G)
The amendment was adopted by the board of directors pursuant to 15 Pa.C.  (Check, and if appropriate complete, one of the following):  X. The amendment adopted by the corporation, set forthin full, is as follows:  #FIRST: NAME  The name of this corporation is:	SeS(i)914(c)
The amendment was adopted by the board of directors pursuant to its ParC.  (Check, and if appropriate complete, one of the following):	SeS(i)914(c)

.DSCB 15-1915 (Rev 90):2

200163 - 1374

8. (Check if the amendment restates the Articles):

The restated Articles of Incorporation supersede the original Articles and all amendments thereto.

COLONIAL PENN INSURANCE COMPANY
(Name of Corporation)

BY Nancy M. L.

#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

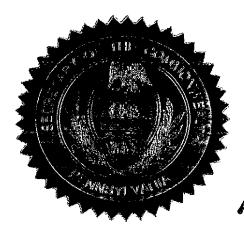
MAY 10, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GE PROPERTY & CASUALTY INSURANCE COMPANY

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

ACTING Secretary of the Commonwealth

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