FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 14 1996 8:00 am
Secretary of State

DOCUMENT # **811284** **(9)**

1. Corporation Name

GENERAL ACCIDENT INSURANCE COMPANY OF AMERICA

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

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: **09/06/1956**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **23-1502700** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SMITH, EILEEN S
2601 WESTHALL LANE
MAITLAND FL 32751

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FARNAM, WALTER E.		1.2 NAME		
STREET ADDRESS	436 WALNUT STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NAUGHTON, JOHN J.		2.2 NAME		
STREET ADDRESS	436 WALNUT STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	VS	XX Change ☐ Addition
NAME	DYEN, RANDALL E		3.2 NAME		
STREET ADDRESS	436 WALNUT STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CORCORAN, J. C.		4.2 NAME		
STREET ADDRESS	436 WALNUT STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, GEORGE A.		5.2 NAME		
STREET ADDRESS	717 ST. ANDREW RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		XX Change ☐ Addition
NAME	COYNE, FRANCIS J		6.2 NAME		
STREET ADDRESS	102 VICTORIA CT		6.3 STREET ADDRESS	436 Walnut Street	
CITY-ST-ZIP	DOWNINGTOWN PA		6.4 CITY-ST-ZIP	Philadelphia, PA 19106	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Randall E. Dyen — 1/29/96 — (215) 625-4293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Randall E. Dyen, Secretary

CR2E034 (12/95)