


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

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May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841015 (1)  
1. Corporation Name  
GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY



Principal Place of Business  
601 UNION STREET  
SUITE 5600  
SEATTLE WA 98101-2336  
US

Mailing Address  
P.O. BOX 490  
SEATTLE WA 98111-0490

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1978		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 91-6027719		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, PATRICK E.	
STREET ADDRESS	601 UNION STREET, #5600	
CITY-ST-ZIP	SEATTLE WA 98101-2336	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CARSTENSEN, HANS L SR	
STREET ADDRESS	601 UNION STREET, #5600	
CITY-ST-ZIP	SEATTLE WA 98101-2336	
TITLE	VPCS	<input type="checkbox"/> DELETE
NAME	ATTEY, JOHN W.	
STREET ADDRESS	601 UNION STREET, SUITE 5600	
CITY-ST-ZIP	SEATTLE WA 98101-2336	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STIFF, GEOFFREY S SR	
STREET ADDRESS	601 UNION STREET. SUITE 5600	
CITY-ST-ZIP	SEATTLE WA 98101-2336	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HARRINGTON, KARRI J	
STREET ADDRESS	601 UNION ST. SUITE 5600	
CITY-ST-ZIP	SEATTLE WA 98101-2336	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGUNIN, JEFFREY I	
STREET ADDRESS	601 UNION ST., SUITE 5600	
CITY-ST-ZIP	SEATTLE WA 98101-2336	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Casey, Thomas W	
1.3 STREET ADDRESS	601 Union St #5600	
1.4 CITY-ST-ZIP	Seattle, WA 98101-2336	
2.1 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MOSES, VICTOR C	
2.3 STREET ADDRESS	601 Union Street	
2.4 CITY-ST-ZIP	Seattle, WA 98101-2336	
3.1 TITLE	VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Attey, John W	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stiff, Geoffrey S.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do 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.

SIGNATURE:

K. HARRINGTON

4-23-97

2/6/25/75

CR2E034 (9/96)