2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003
Secretary of State

DOCUMENT# 800568

Entity Name: GE CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

500 VIRGINIA DRIVE
FORT WASHINGTON, PA 19034 US

New Principal Place of Business:

Current Mailing Address:

500 VIRGINIA DRIVE
FORT WASHINGTON, PA 19034 US

New Mailing Address:

FEI Number: 22-1721971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASEE, FL 32304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	RANDALL, STEPHEN	
Address:	500 VIRGINIA DRIVE	
City-St-Zip:	FORT WASHINGTON, PA 19034 US	
Title:	V	( ) Delete
Name:	WOLBRAMSKY, DEBORAH	
Address:	500 VIRGINIA DRIVE	
City-St-Zip:	FORT WASHINGTON, PA 19034 US	
Title:	V	( ) Delete
Name:	BEREKAT-AB, NATNAEL	
Address:	500 VIRGINIA DRIVE	
City-St-Zip:	FORT WASHINGTON, PA 19034 US	
Title:	V	( ) Delete
Name:	MCDOWALL, GORDON	
Address:	500 VIRGINIA DRIVE	
City-St-Zip:	FORT WASHINGTON, PA 19034 US	
Title:	VS	( ) Delete
Name:	JOPPA, GLENN L	
Address:	4850 STREET ROAD	
City-St-Zip:	TREVOSE, PA	
Title:	PD	( ) Delete
Name:	DUFFY, BRIAN	
Address:	500 VIRGINIA DRIVE	
City-St-Zip:	FORT WASHINGTON, PA 19034 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VS	(X) Change ( ) Addition
Name:	JOPPA, GLENN L	
Address:	500 VIRGINIA DRIVE	
City-St-Zip:	FORT WASHINGTON, PA 19034	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN L. JOPPA VS 02/10/2003

Electronic Signature of Signing Officer or Director — Date