

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 843016 (7)
1. Corporation Name
GE CAPITAL INSURANCE AGENCY, INC.



Principal Place of Business
280 LONG RIDGE ROAD
P.O. BOX 8109
STAMFORD CT 06927

Mailing Address
280 LONG RIDGE ROAD
P.O. BOX 8109
STAMFORD CT 06927

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-0964298	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP METCALF, MARC G	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1600 SUMMER ST	1.2 NAME	
STREET ADDRESS	STAMFORD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	AS GOOD, DAVID	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1600 SUMMER STREET	2.2 NAME	
STREET ADDRESS	STAMFORD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPT HYDE, JEFFREY L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	260 LONG RIDGE RD.	3.2 NAME	
STREET ADDRESS	STAMFORD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DCOB AGANS, ROBERT M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	260 LONG RIDGE ROAD.	4.2 NAME	
STREET ADDRESS	STAMFORD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DVP HAMPTON, ROSE A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1600 SUMMER STREET.	5.2 NAME	
STREET ADDRESS	STAMFORD CT	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VP ADAMS, JEFF J.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE CAPITAL DRIVE	6.2 NAME	
STREET ADDRESS	EDEN PRAIRIE MN	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____

CFR2034 (10/97)

For Year: 1998

4/29/98

000211

GE Capital Insurance Agency, Inc.

060964298

Name	Title	Business Address
Robert M. Agans	Director	426 West Lancaster Avenue Devon PA 19333
Rose A. Hampton	Director	7125 West Jefferson Avenue, Suite 200 Lakewood CO 80235
Marc G. Metcalf	Director	260 Long Ridge Road Stamford CT 06927
Ambrose J. Murphy	Director	3003 Summer Street Stamford CT 06927
Janine P. Rouson	Director	260 Long Ridge Road Stamford CT 06927
Jeff J. Adams	Vice President	One Capital Drive Eden Prairie MN 55344
John Amato	Assistant Treasurer - State Taxes	777 Long Ridge Road Stamford CT 06927
Joseph T. Cassidy	Vice President - Taxes	777 Long Ridge Road Stamford CT 06927
Rose A. Hampton	Vice President	7125 West Jefferson Avenue, Suite 200 Lakewood CO 80235
Jeffrey L. Hyde	Vice President - Taxes	777 Long Ridge Road Stamford CT 06927
Kenneth E. Kempson	Assistant Treasurer - Taxes	777 Long Ridge Rd. Stamford CT 06927
Patricia M. Lecouras	Assistant Treasurer - State Taxes	777 Long Ridge Road Stamford CT 06927
Keith Maurer	Vice President	5401 W. Kennedy Blvd Suite 560 Tampa FL 33609
Christopher M. Mulhall	President	3001 Summer Street Stamford Square Stamford CT 06905
Gerard J. Reidy	Vice President	260 Long Ridge Road Stamford CT 06927
Wilhelmine C. Roberts	Vice President	3001 Summer Street Stamford Square Stamford CT 06905
Suzanne C. Ryan	Vice President	3001 Summer Street Stamford Square Stamford CT 06905
Gary J. Schulman	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927
Fred Teike	Vice President	7125 West Jefferson Avenue, Suite 400 Lakewood CO 80235
Judith M. Van Cleave	Assistant Treasurer - State Taxes	4315 Metro Parkway Ft. Myers FL 33916