

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90018 020 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 843016

1. Corporation Name
GE CAPITAL INSURANCE AGENCY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 260 LONG RIDGE ROAD P.O. BOX 8109 STAMFORD CT 06927		Mailing Address 260 LONG RIDGE ROAD P.O. BOX 8109 STAMFORD CT 06927	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip Country		Zip Country	
24 25		29 30	
3. Date Incorporated or Qualified 04/16/1979		4. FEI Number 06-0964298	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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	
85 Zip Code		FL	

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 reinstating) DATE	
12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	METCALF, MARC G
STREET ADDRESS	1600 SUMMER ST
CITY-ST-ZIP	STAMFORD CT
TITLE	AS <input type="checkbox"/> DELETE
NAME	GOOD, DAVID
STREET ADDRESS	1600 SUMMER STREET
CITY-ST-ZIP	STAMFORD CT
TITLE	VPT <input type="checkbox"/> DELETE
NAME	HYDE, JEFFREY L
STREET ADDRESS	260 LONG RIDGE RD.
CITY-ST-ZIP	STAMFORD CT
TITLE	DCOB <input type="checkbox"/> DELETE
NAME	AGANS, ROBERT M
STREET ADDRESS	260 LONG RIDGE ROAD.
CITY-ST-ZIP	STAMFORD CT
TITLE	DVP <input type="checkbox"/> DELETE
NAME	HAMPTON, ROSE A
STREET ADDRESS	1600 SUMMER STREET.
CITY-ST-ZIP	STAMFORD CT
TITLE	VP <input type="checkbox"/> DELETE
NAME	ADAMS, JEFF J.
STREET ADDRESS	ONE CAPITAL DRIVE
CITY-ST-ZIP	EDEN PRAIRIE MN
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Asst Treas - Tax <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Amato
1.3 STREET ADDRESS	260 Long Ridge Rd
1.4 CITY-ST-ZIP	Stamford CT 06927
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 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, with all other like empowered.

203-357-4544

SIGNATURE:

John Amato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

Daytime Phone #

CR2E034 (11/98)