

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 843016 1. Entity Name GE CAPITAL INSURANCE AGENCY, INC.				Secretary of State	
Principal Place of Business 200 N MARTINGALE RD SCHAUMBURG, IL 60173-2096		Mailing Address 200 N MARTINGALE RD SCHAUMBURG, IL 60173-2096			
DO NOT WRITE IN THIS SPACE				01082004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 06-0964298	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH ISLAND ROAD PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00. After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS JOPPA, GLENN L 200 N MARTINGALE ROAD SCHAUMBURG, IL 60173		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPT HYDE, JEFFREY L 260 LONG RIDGE RD. STAMFORD, CT			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DT PRIZZIA, GARY T 6620 W BROAD STREET RICHMOND, VA 23230			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P RICHERT, JOHN C 200 N MARTINGALE ROAD SCHAUMBURG, IL 60173			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP ROONEY, MICHAEL T 200 N. MARTINGALE RD SCHAUMBURG, IL 60173			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  JOHN C. RICHERT				1-12-04 847-605-4924	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	