

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843016

FILED
Apr 09, 2007
Secretary of State

Entity Name: GE CAPITAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

200 N MARTINGALE RD
SCHAUMBURG, IL 601732096

New Principal Place of Business:

Current Mailing Address:

200 N MARTINGALE RD
SCHAUMBURG, IL 601732096

New Mailing Address:

FEI Number: 06-0964298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH ISLAND ROAD
PLANTATION, FL 33324 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: SD () Delete
Name: BERMAN, JAY H
Address: 500 VIRGINIA DR
City-St-Zip: FORT WASHINGTON, PA 19034

Title: VPT () Delete
Name: HYDE, JEFFREY L
Address: 260 LONG RIDGE RD.
City-St-Zip: STAMFORD, CT

Title: TD () Delete
Name: ADAMS, JEFFREY J
Address: 7125 W JEFFERSON AVE
City-St-Zip: LAKEWOOD, CO 80235

Title: P () Delete
Name: RICHERT, JOHN C
Address: 200 N MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 60173

Title: V () Delete
Name: MATTHIS, ANN T
Address: 200 N MARTINGALE RD
City-St-Zip: SCHAUMBURG, IL 60173

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: () 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 Chapter 119, 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: JOHN C. RICHERT

P

04/09/2007

Electronic Signature of Signing Officer or Director

_____ Date