

TO: Registration Section Division of Corporations SUBJECT: GE Casualty Insurance Company (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: Nancy M. Liu (Name of Person) GE Financial Assurance (Firm/Company) 500 Virginia Drive (Address) Ft. Washington, PA (City/State and Zip code) For further information concerning this matter, please call: Nancy M. Liu at (267 -) 468-3017 (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: 💢 \$78.75 Filing Fee & ___ 🗇 \$<u>78.75</u> F<u>iling Fee &</u> ☐ \$87.50 Filing Fee, ☐ \$70.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy





Nancy M. Liu
Counsel
(267) 468-3017
fax no. (267) 468-3866
email address: nancy.liu@gecapital.com

Executive Offices 500 Virginia Drive Fort Washington, PA 19034

April 19, 2002

Florida Department of State Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, Florida 32399

RE: GE Property & Casualty Insurance Company

GE Casualty Insurance Company GE Indemnity Insurance Company

Dear Sir or Madam:

Attached please find registration forms for the above referenced companies. We have included the transmittal form, application, PA Secretary of State certificate, and filing fees.

Thank you for your assistance in this matter. Please do not hesitate to call me if you have any questions regarding these matters or require any additional information.

Very truly yours,

Nancy M. Liǔ



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

April 25, 2002

RECEIVED

MAY 0 6 2002

LEGAL DEPARTMENT

NANCY M. LIU GE FINANCIAL ASSURANCE 500 VIRGINIA DRIVE FT. WASHINGTON, PA 19034

SUBJECT: GE CASUALTY INSURANCE COMPANY

Ref. Number: W02000011916

We have received your document for GE CASUALTY INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 602A00025361

THE CORPORATIONS





Nancy M. Liu
Counsel
(267) 468-3017
fax no. (267) 468-3866
email address: nancy.liu@gecapital.com

Executive Offices 500 Virginia Drive Fort Washington, PA 19034

May 6, 2002

Florida Department of State
Division of Corporations
Attention: Lee Rivers, Document Specialist
409 E. Gaines St.
Tallahassee, Florida 32399

RE: GE Property & Casualty Insurance Company

GE Casualty Insurance Company
GE Indemnity Insurance Company

Dear Ms. Rivers:

Attached please find completed registration forms for the above referenced companies. We have included the date first transacted business in Florida in section 6 of the application.

Thank you for your assistance in this matter. Please do not hesitate to call me if you have any questions regarding these matters or require any additional information.

Very truly yours,

Nancy M. Lu



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 7, 2002

NANCY M. LIU GE FINANCIAL ASSURANCE 500 VIRGINIA DRIVE FT. WASHINGTON, PA 19034

SUBJECT: GE CASUALTY INSURANCE COMPANY

Ref. Number: W02000011916

SECRETARY OF STATIONS DIVISION OF CORPORATIONS

We have received your document for GE CASUALTY INSURANCE COMPANY and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

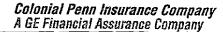
Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$23,166.25.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 102A00028597





Nancy M. Liu Counsel (267) 468-3017 fax no. (267) 468-3866 Executive Offices 500 Virginia Drive Fort Washington, PA 19034

email address: nancy.liu@gecapital.com

May 15, 2002

Florida Department of State
Division of Corporations
Attention: Lee Rivers, Document Specialist
409 E. Gaines St.
Tallahassee, Florida 32399

RE: GE Property & Casualty Insurance Company

GE Casualty Insurance Company GE Indemnity Insurance Company

Dear Ms. Rivers:

Attached please find notarized affidavits for the above referenced companies. These companies have not transacted any business in Florida.

Thank you for your assistance in this matter. Please do not hesitate to call me if you have any questions regarding these matters or require any additional information.

Very truly yours,

Nancy M. Ľiu

Affidavit

I, Nancy M. Liu, do hereby attest that in reference to the filing of the registration form with the Florida Department of State for GE Casualty Insurance Company ("Corporation"), the following:

- 1. That erroneous information was listed on the application, and
- 2. That the corporation has not transacted any business in Florida.

IN WITNESS WHEREOF, I have signed this Affidavit this 15th day of May, 2002.

Sworn to and subscribed before me this 15th day of 4AY 152002

NOTARIAL SEAL ANDREA VAUDREUIL, Notary Public Norristown Boro., Montgomery County My Commission Expires March 8, 2004

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BŪSINESS IN THE STATE OF FLORIDA.

. GE Casi	uálty Insurance Company		:
(Name of corpo words or abbrev	ration; must include the word "INCORPORA" rations of like import in language as will clear		· · · · · · · · · · · · · · · · · · ·
natural person o	r partnership if not so contained in the name a	it present.)	
2. Pennsylva		\$ <u></u>	ــــــــــــــــــــــــــــــــــــ
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	-
4. <u>February</u>	6, 1866 5	Perpetual	·
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. Noven	nber 29, 1913		- • ======
(Date first transa		ot transacted business in Florida, insert "upon qualification.") 11, 607.1502 and 817.155, F.S.)	
7. 500 Virg	inia Drive, Ft. Washington, PA	A 19034	_
	(Principal office ad	dress)	
500 Virg	inia Drive, Ft. Washington, PA	A 19034	
	(Current mailing ad-	(L) (L) (L)	
		dress)	<u>n</u>
8. <u>Insurance</u>		<u> </u>	H
(Purpose(s) of corporation authorized in home state or c	country to be carried out in state of Florida)	N.
9. Name and str	ect address of Florida registered agent:	country to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable)	
		20	2. 20., -
Name:	Insurance Commissioner		
Office Address:	Capitol Building		, <u>, , , , , , , , , , , , , , , , , , </u>
	Tallahassee	, Florida <u>32304</u>	
	(City)	(Zip code)	
Having been nan	gent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoint	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity.	Ī
further agree to c		relative to the proper and complete performance of my	•
	Same		
	(Registered agent's s	signature)	• •=•
	(1/cognitive agent 5 5		-

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	 -			- -							
Chairman:			=		<u> </u>	 	 -	·			
Address:	·	·				<u></u>		<u></u>		<u>. —</u>	
Vice Chairman:					-		· .		-		-
Address:			-					 	·	<u> </u>	
Director:			·	·					·	·	
Address:										P.s.	
Director:			·						**	SCRE T	
Address:	÷			= =	_ ==	<u></u> :			16	RATE S	3
B. OFFICERS	-		-	 <u>-</u> -					- <u>-</u>	景記: 20	74
President:				-			<u> </u>			- :	— m
Address:			<u></u>			<u>:</u> .	-				
Vice President:				· · · · · · · · · · · · · · · · · · ·	······································			·····			
Address:	-	<u></u> -	<u></u>		· :	<u>: -,7</u>	.—- =	-	<u></u>		
Secretary:										·	
Address:		-		<u></u>					<u> </u>	<u> </u>	
Treasurer:	-					.			<u> </u>		-
Address:	-		<u></u>	<u>- </u>	<u>- · </u>			<u> </u>	-		
NOTE: If necessary, you r			to tha	omuliostics	listima s	dditional	offi nome	ond/ord	lius at awa		

GE Casualty Insurance Company

Director	Address
Thomas W. Casey	6604 West Broad Street, Richmond, VA 23230
Brian Duffy	500 Virginia Drive, Fort Washington, PA 19034
Constance B. Foster	2 North Second Street, 7th Floor, Harrisburg, PA 19701
Andrew Larsen	700 Main Street, Lynchburg, VA 24504
Gregory J. Macfarlane	200 N. Martingale Road, Schaumburg, IL 60173
Kathryn V. Marinello	200 N. Martingale Road, Schaumburg, IL 60173
John P. McNiff	3 Radnor Corporate Center, Suite 300, Radnor, PA 19087
Leon E. Roday	6604 West Broad Street, Richmond, VA 23230
Richard G. Turner	One Logan Square, Suite 1550, Philadelphia, PA 19103

Officers President	
Brian Duffy	500 Virginia Drive, Fort Washington, PA 19034
Vice President	
Stephen E. Randall	500 Virginia Drive, Fort Washington, PA 19034
Secretary	
Glenn L. Joppa	200 Martingale Road, Schaumburg, IL 60173
Treasurer	
Gary T. Prizzia	6604 West Broad Street, Richmond, VA 23230



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

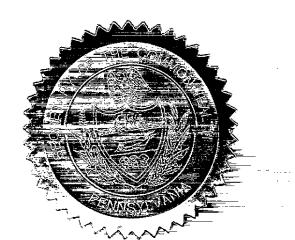
APRIL 17, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

GE CASUALTY INSURANCE COMPANY

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF. I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

JSOW