

TO: Registration Section Division of Corporations GE Indemnity 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) W 02-11919 Ft. Washington, PA 19034 (City/State and Zip code)

For further information concerning this matter, please call: Nancy M. Liu at (<u>267</u> ...) .468-3017 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

▼ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



Colonial Penn Insurance Company A GE Financial Assurance Company

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

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

02 MAY 16 PM 1:50



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 INDEMNITY INSURANCE COMPANY

Ref. Number: W02000011919

We have received your document for GE INDEMNITY 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 cate (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 602A00025365

SECRETARY OF STATE SIVISION OF CORPORATIONS



Colonial Penn Insurance Company A GE Financial Assurance Company

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 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,

lancy M. Liu

ISION OF CORPORALIUMS



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 7, 2002

RECEIVED

NANCY M. LIU GE FINANCIAL ASSURANCE 500 VIRGINIA DRIVE FT. WASHINGTON, PA 19034 MAY 1 0 2002

LEGAL DEPARTMENT

SUBJECT: GE INDEMNITY INSURANCE COMPANY

Ref. Number: W02000011010

Ref. Number: W02000011919

We have received your document for GE INDEMNITY 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.

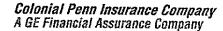
Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing 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 @5 608.502, Florida Statutes.

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

Lee Rivers Document Specialist

Letter Number: 902A00028597

FILED SECRETARY OF STATE DIVISION OF 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 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

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 Indemnity 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

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

APPLICATION BY FOREIGN CORPORATION FÖR 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 BUSINESS IN THE STATE OF FLORIDA.

| 1. GE Inde | emnity Insurance Company | | |
|-----------------------------------|--|--|-----|
| (Name of corpo words or abbrev | ration; must include the word "INCORP | ORATED", "COMPANY", "CORPORATION" or l clearly indicate that it is a corporation instead of a ame at present.) | |
| 2. <u>Pennsylv</u> | rania | 3. 13-1967524 | |
| (State or country | under the law of which it is incorporated | d) (FEI number, if applicable) | |
| 4. November | 10, 1980 | 5. Perpetual | |
| (Dat | e of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") | |
| 6. Novemb | er 9, 1993 | | |
| (Date first transa | | has not transacted business in Florida, insert "upon qualification.") 07.1501, 607.1502 and 817.155, F.S.) | - |
| 7. 500 Virgi | nia Drive, Ft. Washington, | , PA 19034 | |
| | (Principal offi | ice address) | I / |
| 500 Virg | inia Drive, Ft. Washingtor | n, PA 19034 | |
| | (Current maili | ing address) | - |
| | | | |
| 8. Insuranc | | | |
| (Purpose(| s) of corporation authorized in home stat | te or country to be carried out in state of Florida) | |
| 9. Name and <u>str</u> | eet address of Florida registered a | gent: (P.O. Box or Mail Drop Box NOT acceptable) | |
| Name: | Insurance Commissioner | | |
| Office Address: | Capitol Building | | - |
| | Tallahassee | , Florida 23230 32304 R \ \{\frac{2}{2}\sigma_0} | |
| | (City) | , Florida 23230 32304 9 V S V S C S C S C S C S C S C S C S C S | |
| 10 70 - 2-4 1 - | 41 | | |
| | gent's acceptance: ned as registered agent and to accen | of service of process for the above stated corporation at the place | |
| designated in this | s application, I hereby accept the ap | pointment as registered agent and agree to act in this capach I | |
| | | tutes relative to the proper and complete performance of my | |
| duties, and I am j | familiar with and accept the obligati | ions of my position as registered agent. | |
| | Same | | |
| _ | (Registered age | ent's signature) | |
| | and the same of an internal dates of the same | | |

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: | | | | | | | |
| Address: | | | | - | | | · : |
| vice Chairman: | | · | = . | - " | | | |
| Address: | | | | | | | · · · · · · · · · · · · · · · · · · · |
| Director: | | | <u></u> | | ····· | · | |
| Address: | | | | | | | |
| Director: | . = | | | | च | · | |
| ddress: | | | | · · · · · · · · · · · · · · · · · · · | | | |
| O FET CERT | | | | | | | |
| 3. OFFICERS | | | | | _ | | - · - |
| resident: | <u>-</u> . | | - · | · · · | | DIVIS | ! |
| | | | • | | | DIVISION OF CO | SECRETARY |
| resident: | | | • | | | _ <u> </u> | SECRETARY OF S |
| resident: | | | | | | _ <u> </u> | SECRETARY OF STATE |
| ddress: ddress: ddress: | | | | | _ | 16 PM 1: 50 | SECRETARY OF STATE |
| resident: ddress: ddress: ddress: | | | | | | 16 PM 1: 50 | FILED STATE |
| resident: | | | | | | 0 PM 1: 50 | . Takin Tak Tib |

GE Indemnity Insurance Company

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

DIVISION OF CORPORATIONS

02 MAY 16 PM 1:50

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

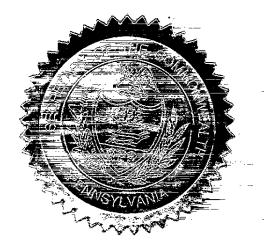
APRIL 17, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

GE INDEMNITY INSURANCE COMPANY

is duly incorporated under the laws of the Commonwealth of Pennsylvanian 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

SECRETARY OF STATE DIVISION OF CORPORATION