

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005007 (0)

1. Corporation Name

GNA INSURANCE SERVICES OF GEORGIA, INC.



Principal Place of Business

SUITE 5600
601 UNION STREET
SEATTLE WA 98101

Mailing Address

GE CAPITAL CORP. ATTN: SHANNON WILLIAMS
P.O. BOX 9552
FT. MYERS FL 33906-9552
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

PO BOX 490

Suite, Apt. #, etc.

27

ATTN: LEGAL

City & State

28

SEATTLE, WA

Zip

98111-0490

Country

USA

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

58-2064599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500001793855

-04/25/96--01016--013

84 City

***200.00

FL

85 Zip Code

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 PC ☐ DELETE

NAME WELCH, PATRICK E
STREET ADDRESS 601 UNION STREET, SUITE 5600
CITY-ST-ZIP SEATTLE WA 98101

TITLE VP ☒ DELETE

NAME MILLER, A J II
STREET ADDRESS 601 UNION STREET, SUITE 5600
CITY-ST-ZIP SEATTLE WA 98101

TITLE SVP ☒ DELETE

NAME GILYEART, JUDITH
STREET ADDRESS 601 UNION STREET, SUITE 5600
CITY-ST-ZIP SEATTLE WA

TITLE DVC ☐ DELETE

NAME STIFF, GEOFFREY S
STREET ADDRESS 601 UNION STREET, SUITE 5600
CITY-ST-ZIP SEATTLE WA

TITLE VPS ☒ DELETE

NAME WILES, EDWARD J JR
STREET ADDRESS 601 UNION ST, STE 5600
CITY-ST-ZIP SEATTLE WA

TITLE VP ☐ DELETE

NAME MOSES, VICTOR C
STREET ADDRESS 601 UNION ST, STE 5600
CITY-ST-ZIP SEATTLE WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D/CEO ☒ Change ☐ Addition

1.2 NAME WELCH, PATRICK E.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME HUGUNIN, JEFFREY I.
2.3 STREET ADDRESS 601 UNION STREET, SUITE 5600
2.4 CITY-ST-ZIP SEATTLE, WA 98101-2336

3.1 TITLE VP/C/S ☐ Change ☒ Addition

3.2 NAME ATTEY, JOHN W.
3.3 STREET ADDRESS 601 UNION STREET, SUITE 5600
3.4 CITY-ST-ZIP SEATTLE, WA 98101-2336

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE AS ☐ Change ☒ Addition

5.2 NAME HARRINGTON, KARRI J.
5.3 STREET ADDRESS 601 UNION STREET, SUITE 5600
5.4 CITY-ST-ZIP SEATTLE, WA 98101-2336

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

Date

Daytime Phone #

1-800 426 5520

CR2E034 (12/95)

GNA Insurance Services of Georgia, Inc.

Officers and Directors as of 3/31/96

business address unless otherwise noted:

601 Union Street, Suite 5600
Seattle, Washington 98101

Patrick E. Welch	President and Chief Executive Officer
Geoffrey S. Stiff	Senior Vice President, Chief Financial Officer
Victor C. Moses	Senior Vice President
Edward J. Wiles, Jr.	Vice President, Counsel and Assistant Secretary
Thomas W. Casey	Vice President and Controller
John W. Attey	Vice President, Counsel and Acting Secretary
Jeffrey I. Hugunin	Treasurer
J. Neil McMurdie	Assistant Vice President and Associate Counsel
Julie M. Bodmer	Assistant Secretary
Karri J. Harrington	Assistant Secretary
Brian T. McAnaney ¹	Assistant Secretary
William H. Brennan ²	Assistant Treasurer
Patricia Lecouras ²	Assistant Treasurer
John Amato ²	Assistant Treasurer
Gary J. Schulman ²	Assistant Treasurer
Brenda Daglish	Assistant Treasurer
Kenneth E. Kempson ²	Assistant Treasurer
Robert J. Buckley ²	Assistant Treasurer
Judith M. Van Cleave ³	Assistant Treasurer
Joseph Cook	Assistant Treasurer

Directors:

Patrick E. Welch
Geoffrey S. Stiff
Hans L. Carstensen, III

¹ 260 Long Ridge Road, Stamford, CT 06927

² 777 Long Ridge Road, Stamford, CT 06927

³ 4315 Metro Parkway, Ft. Myers, FL 33916

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