F93000005070

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Colonial Penn Madison Insurance Company (Name of corporation)	.52 = 1
DOCUMENT NUMBER:	
The enclosed Amendment and fee are submitted for filing.	******
Please return all correspondence concerning this matter to the following:	
Nancy M. Liu	
(Name of person)	•
GE Indemnity Insurance Company (Name of firm/company)	
500 Virginia Drive (Address) -08/13/0201 ******43.75	
Fort Washington, PA 19034 (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)	, grant i sa i t
Enclosed is a check for the following amount:	
\$35.00 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)	
Mailing Address: Amendment Section Amendment Section Division of Corporations P.O. Box 6327 409 E. Gaines Street Fallahassee, FL 32314 Tallahassee, FL 32399	FILED 02 AUG 13 PM 4: 00
MC	00
50	





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

Executive Offices 500 Virginia Drive, Ft. Washington, PA 19034

August 12, 2002

PERSONAL AND CONFIDENTIAL

Florida Department of State Registration Section Division of Corporations Attention: Susan Payne, Senior Section Administrator 409 E. Gaines St. Tallahassee, Florida 32399

RE: Colonial Penn Insurance Company (name change to GE Property & Casualty Insurance Company) Colonial Penn Franklin Insurance Company (name change to GE Casualty Insurance Company Colonial Penn Madison Insurance Company (name change to GE Indemnity Insurance Company)

Dear Ms. Payne:

We are in receipt of your letter of July 9, 2002.

As per our phone conversations of July 30, July 31 and August 1, 2002, attached please find withdrawal forms and amendment forms for the above referenced companies. As per our phone conversation of August 1, 2002, you agreed to waive the withdrawal fees for the above referenced companies. For the amendment, we have included copies of the previously submitted certifications and filing fees of \$43.75 for each company.

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.

Mancy M. Liu Nancy M. Liu

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

1	Colonial Penn Madisor	า Insurance Comp	any		
	Name of corporation	as it appears on the re	cords	of the Department of State.	
2	Pennsylvania Incorporated under laws of		3	November 9, 1993 Date authorized to do business	
	incorporated under taws of			Date authorized to do business	in Florida
	(4-7 COMP)	SECTION LETE ONLY THE AP	II PLICA	ABLE CHANGES)	
4. If the a	unendment changes the name of the	ne corporation, whe	n was	s the change effected under	the laws of
its juri	sdiction of incorporation? Jul	y 1, 2002			
Name of not conta	GE Indemnity Insurance Corporation after the amendment, adding ined in new name of the corporation.	ompany g suffix "corporation"	"com _j	pany" or "incorporated," or appro	opriate abbreviation, if
6. If the a	mendment changes the period of d	luration, indicate ne	ew pe	riod of duration.	02 AU SECF TALL!
	1	New Duration	n	<u> </u>	额言
7. If the ar	mendment changes the jurisdiction	of incorporation, i	ndica	te new jurisdiction.	FILED 2 AUG 13 PM 4: 00 SECRETARY OF STATE
	-	New Jurisdiction	on		DRAM OS
	Mancy M. Signature	Sin_	_	8/12/02 Date	<i>₽</i>
	Nancy M. Liu Typed or printed name			Assistant Secretary Title	

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MAY 14, 2002

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

GE INDEMNITY INSURANCE COMPANY

I, C Michael Weaver, acting Secretary of the Commonwealth of Pennsylvania do hereby certify that the foregoing and annexed is a true and correct photocopy of Articles of Amendment

which appear of record in this department



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.

ACTING Secretary of the Commonwealth

JSOW



GONONNEALTH OF PENNSYLVANIA

Office of Regulation of Companies

1345 Strawberry Square Harrisburg, PA 17120 www.insurance.state.pa.us

Felephone (717) 783-2660

RECEIVED

AUG 0 2 4001

LEGAL DEPARTMENT

July 31, 2001

Nancy M: Liu Counsel GE Financial Assurance 500 Virginia Drive Fort Washington, PA 19034

Via.Fax: (267).468-3866

Name:Approvals GE Property & Casualty Insurance Company

GE Casualty Insurance Company

GE Indemnity Insurance Company

Dear Ms. Liu.

The following information is being provided in response to your request, received on July 30,

Please be advised that the phrasing of the above referenced names have been reviewed and found to be acceptable to the Rennsylvania insurance Department. You will need to submit a copy of this letter to the Pennsylvania Department of State, Corporation Bureau.

This Department does not reserve company names. Name reservations can be arranged with the Corporations Bureau, Pennsylvania State Department, telephone number (717) 787-1057.

litrust that the information provided is responsive to your request. Please feel free to contact me at (7)17) 783=2660 should you have any questions.

Stiphancid Oknimael A Stephanie A. Ohnmacht.

Insurance Company Licensing Specialist

Company Licensing Division

M	rofilm Number	200163 1370	Filed with the Dep	entreent of State on	AUG 1_4 2001
É	ily Number 267-9	<u> </u>		Secretary	of the Commonwealth
	ARI	ICLES OF AMENOMENT-DO	MESTIC BUSINESS C 1915 (Řev 90)	ORPORATION	
25 3 7 1	in compliance with the red coration; desiring to amendate A The name of the corporation is		(4) (4) (4) (4) (4) (4)		ersigned būsiness
家園	The Ta) address of this comoral office provider and the county, o records of the Department)	on srourrent registered office i (venue is:[the Department is	n inis Commonwealth o hereby authorized to	or (b) name of its come correct the following in	nercial registered formation to conform to
	ab <u>00 Virginia Drive.</u> NumberandSteet 5)co	GNY *	ennsylvania 19 :Slate	Zip Coun	(y
coi	or a corporation represented of poration is located for venueland and the statute by or under which it	official publication purposes was incorporated is ACT.		in (b) shall be deemed	odnity I the county in which the
4** 51	The date of its incorporation is. Check, and frappropriate con The amendment shall be of	piete one of the following): fective upon filing these Article	s of Amendment in the	Section 1	
6.	X The amendment shall be of Check one of the following): X The amendment was adopt The amendment was adopt	Da ed by the shareholders (or me	te mbers) pursuantio 15		(tb).
	The amendment was adopt (Chack, and)! appropriate con (XX). The amendment adopted by (FIRST: NAME	piete one of the following): /the corporation, set forth in t			
	PERSONAL PROPERTY OF THE PROPE	has componation is ITY INSURANCE COMPA	BEG REPORT FOR A TURN		
	The amendment adepted by	the corporation is sereoth in	full in Exhibit A attach	ed hereto and made a	part hereof
					Solve Solve View
19	2010-04-100-04-00-04-04-04-04-04-04-04-04-04-04-0	。不过是我们的自己的自己的现在分词	学者的知识性实现的东西的	(4) 机中央 (4) 电电话 (4) 电电话	的现在分词是由于一种的一种

200163 - 1371

COLONIAL PENN MADISON INSURANCE COMPANY

(Name of Corporation)

BY LARCY L. Significant

(Significant Secretary)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MAY 10, 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 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.

ACTING Secretary of the Commonwealth

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