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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006075 (5)

1. Corporation Name

GE CAPITAL CLAIMS SERVICES, INC.



Principal Place of Business

3 CAPITAL DRIVE
EDEN PRAIRIE MN 55344

Mailing Address

3 CAPITAL DRIVE
EDEN PRAIRIE MN 55344

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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)

83

84 City

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. The city accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation or its duly authorized officer or director.

Signature of the person accepting appointment as registered agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	KOLLS, L.F. F	
STREET ADDRESS	THREE CAPITAL DRIVE	
CITY - ST - ZIP	EDEN PRAIRIE MN 55344	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	CARRASQUILLO, C.R.	
STREET ADDRESS	THREE CAPITAL DRIVE	
CITY - ST - ZIP	EDEN PRAIRIE MN 55344	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	FRELUND, J.K.	
STREET ADDRESS	THREE CAPITAL DRIVE	
CITY - ST - ZIP	EDEN PRAIRIE MN 55344	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BERKLAND, M.W.	
STREET ADDRESS	THREE CAPITAL DRIVE	
CITY - ST - ZIP	EDEN PRAIRIE MN 55344	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEGRAND, T.M.	
STREET ADDRESS	THREE CAPITAL DRIVE	
CITY - ST - ZIP	EDEN PRAIRIE MN 55344	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MORLEY, P.F.	
STREET ADDRESS	THREE CAPITAL DRIVE	
CITY - ST - ZIP	EDEN PRAIRIE MN 55344	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PCED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JW GORMLEY	
13 STREET ADDRESS	THREE CAPITAL DRIVE	
14 CITY - ST - ZIP	EDEN PRAIRIE, MN 55344	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RB SILVA	
23 STREET ADDRESS	THREE CAPITAL DRIVE	
24 CITY - ST - ZIP	EDEN PRAIRIE, MN 55344	
31 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PF MORLEY	
33 STREET ADDRESS	THREE CAPITAL DRIVE	
34 CITY - ST - ZIP	EDEN PRAIRIE, MN 55344	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MW BERKLAND	
43 STREET ADDRESS	THREE CAPITAL DRIVE	
44 CITY - ST - ZIP	EDEN PRAIRIE, MN 55344	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	JR POWER	
53 STREET ADDRESS	THREE CAPITAL DRIVE	
54 CITY - ST - ZIP	EDEN PRAIRIE, MN 55344	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 it 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:

Marlin Berkland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARLIN BERKLAND

4/29/96

828-2618

CR2E034 (12/95)

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GE CAPITAL CLAIMS SERVICES, INC.
CONSENT BY DIRECTORS IN LIEU OF FIRST MEETING
AFTER ANNUAL MEETING OF STOCKHOLDERS

The undersigned, being all the directors of GE Capital Claims Services, Inc. (the "Corporation"), in conformance with the Delaware General Corporation Law and the By-laws of the Corporation, do hereby, in writing and without the necessity of calling a meeting, take the following action and adopt the following resolutions:


RESOLVED, that the resignation of the following named officers be, and hereby are accepted:

L. F. Kolls	President and Chief Executive Officer
P. F. Morley	Senior Vice President - Finance
B. J. Austin	Vice President, and Assistant Secretary
C. R. Carrasquillo	Vice President, General Counsel, and Secretary
D. E. Bergey	Vice President
C. R. Paquin	Vice President
M. W. Berkland	Comptroller
D. M. Boehm	Assistant Treasurer - Income Taxes
J. K. Fredlund	Assistant Treasurer

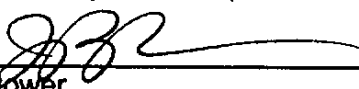
FURTHER RESOLVED, that the following persons be elected officers of the Corporation to serve until their respective successors are chosen and qualified:

J. W. Gormley	President and Chief Executive Officer
R. B. Silva	Senior Vice President - Finance
P. F. Morley	Senior Vice President
B. J. Austin	Vice President, General Counsel, and Secretary
M. W. Berkland	Treasurer
P. S. Krop	Assistant Secretary


IN WITNESS WHEREOF, the undersigned have signed this consent effective as of the 2nd day of April, 1996.



J. W. Gormley



J. R. Power



R. B. Silva