2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90076 046 ***150.00

DOCUMENT # P15310

1. Entity Name
GE AUTO & HOME ASSURANCE COMPANY

Principal Place of Business	Mailing Address
2650 AUDUBON RD NORRISTOWN PA 19403 US	2650 AUDUBON RD % LEGAL DEPT NORRISTOWN PA 19403-2406 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2743473 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMMISSIONER OF INSURANCE STATE CAPITOL TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be *Added to Fees*

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T ☒ Delete	TITLE	T ☒ Change ☐ Addition
NAME	HUGUNIN, JEFFREY I	NAME	Gary T. Prizzia
STREET ADDRESS	12521 AMERSHIRE LANE	STREET ADDRESS	6604 West Broad Street
CITY-ST-ZIP	GLEN ALLEN VA	CITY-ST-ZIP	Richmond, Virginia 23230
TITLE	VS ☒ Delete	TITLE	V/S ☒ Change ☐ Addition
NAME	BANCHERI, CHRISTINE E	NAME	Glenn L. Joppa
STREET ADDRESS	812 W SEDGWICK STREET	STREET ADDRESS	4850 Street Road
CITY-ST-ZIP	PHILADELPHIA PA	CITY-ST-ZIP	Trevose, Pennsylvania
TITLE	PD ☐ Delete	TITLE	D/C ☒ Change ☐ Addition
NAME	WULSIN, HENRY H	NAME	Henry H. Wulsin
STREET ADDRESS	128 AVON ROAD	STREET ADDRESS	2650 Audubon Road
CITY-ST-ZIP	HAVERFORD PA	CITY-ST-ZIP	Norristown, Pennsylvania 19403
TITLE	V ☐ Delete	TITLE	V ☒ Change ☐ Addition
NAME	BOYLE, JOSEPH M	NAME	Elizabeth A. Clifford
STREET ADDRESS	2650 AUDUBON RD	STREET ADDRESS	2650 Audubon Road
CITY-ST-ZIP	NORRISTOWN PA 19403	CITY-ST-ZIP	Norristown, Pennsylvania 19403
TITLE	☐ Delete	TITLE	P/D ☐ Change ☒ Addition
NAME		NAME	A. Louis Parker
STREET ADDRESS		STREET ADDRESS	4850 Street Road
CITY-ST-ZIP		CITY-ST-ZIP	Trevose, Pennsylvania
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Henry H. Wulsin 3.7.00 610-650-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #