

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P15310

FILED  
Feb 10, 2003  
Secretary of State

Entity Name: GE AUTO & HOME ASSURANCE COMPANY

**Current Principal Place of Business:**

500 VIRGINIA DRIVE  
FT WASHINGTON, PA 19034 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 VIRGINIA DRIVE  
FT WASHINGTON, PA 19034 US

**New Mailing Address:**

FEI Number: 95-2743473      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMMISSIONER OF INSURANCE  
STATE CAPITOL  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: PRIZZIA, GARY T  
Address: 6604 WEST BROAD STREET  
City-St-Zip: RICHMOND, VA 23230

Title: VS ( ) Delete  
Name: JOPPA, GLENN L  
Address: 4850 STREET ROAD  
City-St-Zip: TREVOSE, PA

Title: PD ( ) Delete  
Name: DUFFY, BRIAN  
Address: 500 VIRGINIA DRIVE  
City-St-Zip: FT WASHINGTON, PA 19034 US

Title: V ( ) Delete  
Name: RANDALL, STEPHEN  
Address: 500 VIRGINIA DRIVE  
City-St-Zip: FT WASHINGTON, PA 19034 US

Title: V ( ) Delete  
Name: WOLBRAMSKY, DEBORAH  
Address: 500 VIRGINIA DRIVE  
City-St-Zip: FT WASHINGTON, PA 19034 US

Title: V ( ) Delete  
Name: BEREKET-AB, NATNAEL  
Address: 500 VIRGINIA DRIVE  
City-St-Zip: FT WASHINGTON, PA 19034 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: PRIZZIA, GARY T  
Address: 6604 WEST BROAD STREET  
City-St-Zip: RICHMOND, VA 23230 US

Title: VS (X) Change ( ) Addition  
Name: JOPPA, GLENN L  
Address: 500 VIRGINIA DRIVE  
City-St-Zip: FORT WASHINGTON, PA 19034 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN L. JOPPA

VS

02/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date