

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000005070

FILED
Feb 11, 2003
Secretary of State

Entity Name: GE INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

500 VIRGINIA DRIVE
FT WASHINGTON, PA 19034

New Principal Place of Business:

Current Mailing Address:

500 VIRGINIA DRIVE
FT WASHINGTON, PA 19034

New Mailing Address:

FEI Number: 13-1967524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE, FL 32399 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 W BROAD ST
City-St-Zip: RICHMOND, VA 23230

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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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

02/11/2003

Electronic Signature of Signing Officer or Director

_____ Date