

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 PM 3:40

DOCUMENT # 841347 (8)
1. Corporation Name
GEICO GENERAL INSURANCE COMPANY

Principal Place of Business Mailing Address
**5260 WESTERN AVENUE 5260 WESTERN AVENUE
CHEVY CHASE MD 20815 CHEVY CHASE MD 20815**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1978	3a. Date of Last Report 02/14/1994
4. FEI Number 75-1588101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip Country	29. Zip Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits the 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and State of registration. (Required) A post signature required when registering.

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BYRD, MARION E. 5260 WESTERN AVENUE CHEVY CHASE MD
TITLE NAME STREET ADDRESS CITY ST ZIP	S PHILLIPS, ROSALIND ANN 5260 WESTERN AVENUE CHEVY CHASE MD
TITLE NAME STREET ADDRESS CITY ST ZIP	VD ALEGI, AUGUST P. 5260 WESTERN AVENUE CHEVY CHASE MD
TITLE NAME STREET ADDRESS CITY ST ZIP	CEOP NICELY, OLZA M. 5260 WESTERN AVENUE CHEVY CHASE MD
TITLE NAME STREET ADDRESS CITY ST ZIP	C NICELY, OLZA M 5260 WESTERN AVENUE CHEVY CHASE MD
TITLE NAME STREET ADDRESS CITY ST ZIP	D UTLEY, EDWARD H. 5260 WESTERN AVENUE CHEVY CHASE MD

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (If 1)	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WELLS, THOMAS M.
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	T SCHARA, CHARLES G.
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 Sections 199.032, 199.034, 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 if made under oath. That I am an officer or director of the corporation 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 an attachment with an address.

SIGNATURE: *Rosalind A. Phillips*
ROSAIND A. PHILLIPS
Secretary 301-986-2077