

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **5260 WESTERN AVENUE CHEVY CHASE MD 20815**
Mailing Address: **5260 WESTERN AVENUE CHEVY CHASE MD 20815-3701**

3. Date Incorporated or Qualified: **08/25/1978**
3a. Date of Last Report: **02/16/1996**

2. Principal Place of Business: 21 State, Apt #, etc; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt #, etc; 27 City & State; 28 Zip; 29 Country

4. FEI Number: **75-1588101**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BYRD, MARION E.	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	
CITY-STATE-ZIP	S	<input type="checkbox"/> DELETE
NAME	PHILLIPS, ROSALIND ANN	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	
CITY-STATE-ZIP	VD	<input type="checkbox"/> DELETE
NAME	WELLS, THOMAS M	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	
CITY-STATE-ZIP	CEOP	<input type="checkbox"/> DELETE
NAME	NICELY, OLZA M.	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	
CITY-STATE-ZIP	C	<input type="checkbox"/> DELETE
NAME	NICELY, OLZA M	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	
CITY-STATE-ZIP	T	<input type="checkbox"/> DELETE
NAME	SCHARA, CHARLES G	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	W. Alvon Sparks, Jr.	
13 STREET ADDRESS	5260 Western Avenue Chevy Chase, MD 20815	
14 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do 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 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *Rosalind A. Phillips*

Rosalind A. Phillips, Secretary

301-986-2077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-or Phone #

0008623

CR2E034 (9/96)