


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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90093 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841347

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1978	
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 <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PACE, SIMONE J		1.2 NAME Sparks, W. Alvon Jr.	
STREET ADDRESS 5260 WESTERN AVENUE		1.3 STREET ADDRESS 5260 Western Avenue	
CITY-ST-ZIP CHEVY CHASE MD		1.4 CITY-ST-ZIP Chevy Chase, MD	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHILLIPS, ROSALIND ANN		2.2 NAME	
STREET ADDRESS 5260 WESTERN AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP CHEVY CHASE MD		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELLS, THOMAS M		3.2 NAME	
STREET ADDRESS 5260 WESTERN AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP CHEVY CHASE MD		3.4 CITY-ST-ZIP	
TITLE CEOP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICELY, OLZA M.		4.2 NAME	
STREET ADDRESS 5260 WESTERN AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP CHEVY CHASE MD		4.4 CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICELY, OLZA M		5.2 NAME	
STREET ADDRESS 5260 WESTERN AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP CHEVY CHASE MD		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHARA, CHARLES G		6.2 NAME	
STREET ADDRESS 5260 WESTERN AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP CHEVY CHASE MD		6.4 CITY-ST-ZIP	

14. 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosalind A. Phillips Date: 4/9/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rosalind A. Phillips, Secretary Daytime Phone #

CR2E034 (1/98)