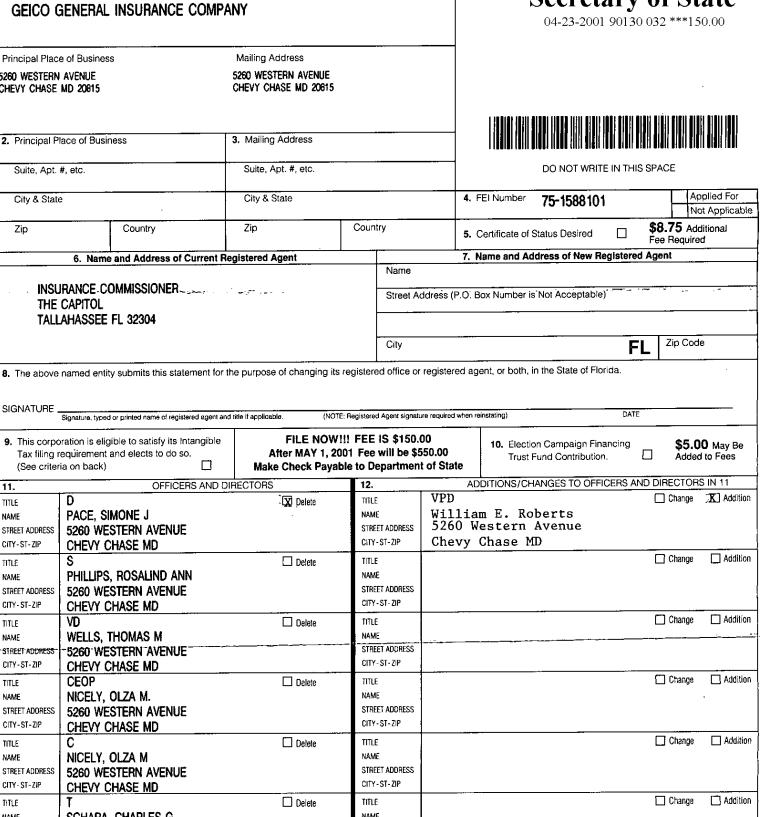
2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 841347** 1. Entity Name GEICO GENERAL INSURANCE COMPANY Principal Place of Business Mailing Address 5260 WESTERN AVENUE 5260 WESTERN AVENUE CHEVY CHASE MD 20815 CHEVY CHASE MD 20815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Country Zip Country 6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL

Apr 23, 2001 8:00 am Secretary of State



13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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VPD

TALLAHASSEE FL 32304

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

PACE, SIMONE J

CHEVY CHASE MD

CHEVY CHASE MD

WELLS, THOMAS M

CHEVY CHASE MD

NICELY, OLZA M.

CHEVY CHASE MD

NICELY, OLZA M

CHEVY CHASE MD

CHEVY CHASE MD

SCHARA, CHARLES G

5260 WESTERN AVENUE

CEOP

5260 WESTERN AVENUE

PHILLIPS, ROSALIND ANN

5260 WESTERN AVENUE

5260 WESTERN AVENUE

5260 WESTERN AVENUE

5260 WESTERN AVENUE

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

SIGNATURE

11.

NAME

NAME

TITLE NAME

TITLE NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-78

CITY-ST-ZiP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

301-986-2077

Daytime Phone #