

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841347

FILED
Apr 14, 2010
Secretary of State

Entity Name: GEICO GENERAL INSURANCE COMPANY

Current Principal Place of Business:

5260 WESTERN AVENUE
CHEVY CHASE, MD 20815

New Principal Place of Business:

Current Mailing Address:

ONE GEICO PLAZA
WASHINGTON, DC 20076

New Mailing Address:

FEI Number: 75-1588101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: VPD
Name: ROBERTS, WILLIAM E
Address: 5260 WESTERN AVENUE
City-St-Zip: CHEVY CHASE, MD

Title: S
Name: ROBINSON, WILLIAM C
Address: 5260 WESTERN AVENUE
City-St-Zip: CHEVY CHASE, MD

Title: VP
Name: ROGERS, GEORGE W
Address: 5260 WESTERN AVENUE
City-St-Zip: CHEVY CHASE, MD 20815

Title: CEOP
Name: NICELY, OLZA M.
Address: 5260 WESTERN AVENUE
City-St-Zip: CHEVY CHASE, MD

Title: VP
Name: STEWART, JAN C
Address: 5260 WESTERN AVENUE
City-St-Zip: CHEVY CHASE, MD 20815

Title: T
Name: SCHARA, CHARLES G
Address: 5260 WESTERN AVENUE
City-St-Zip: CHEVY CHASE, MD

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM C. E. ROBINSON

S

04/14/2010

Electronic Signature of Signing Officer or Director

_____ Date