

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90215 019 ***150.00

DOCUMENT # 841347



1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-1588101**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBERTS, WILLIAM E	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHILLIPS, ROSALIND ANN	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS, THOMAS M	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	NICELY, OLZA M.	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	C	<input type="checkbox"/> Delete
NAME	NICELY, OLZA M	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHARA, CHARLES G	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosalind Ann Phillips*
ROSALIND ANN PHILLIPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 2003
Date
301-986-2077
Daytime Phone #

CR2E034 (10/02)