

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841347

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC8877090154**

**Entity Name:** GEICO GENERAL INSURANCE COMPANY

**Current Principal Place of Business:**

5260 WESTERN AVENUE  
CHEVY CHASE, MD 20815

**Current Mailing Address:**

ONE GEICO PLAZA  
WASHINGTON, DC 20076

**FEI Number: 75-1588101**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title VPD  
Name ROBERTS, WILLIAM E  
Address 5260 WESTERN AVENUE  
City-State-Zip: CHEVY CHASE MD

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

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

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

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

Title T  
Name SCHARA, CHARLES G  
Address 5260 WESTERN AVENUE  
City-State-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**

**SECRETARY**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date