

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841347

**FILED**  
**Feb 15, 2018**  
**Secretary of State**  
**CC4104238996**

**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            COO  
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            CEO  
Name            NICELY, OLZA M.  
Address        5260 WESTERN AVENUE  
City-State-Zip: CHEVY CHASE MD

Title            VP  
Name            MILLER, ROBERT M  
Address        5260 WESTERN AVENUE  
City-State-Zip: CHEVY CHASE MD 20815

Title            T  
Name            HOLLIS, WHITE A  
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**

**CORPORATE  
SECRETARY**

**02/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date