

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **815511** (1)  
1. Corporation Name  
**GEICO INDEMNITY COMPANY**



Principal Place of Business: **5260 WESTERN AVENUE CHEVY CHASE MD 20815-0799**  
Mailing Address: **5260 WESTERN AVENUE CHEVY CHASE MD 20815-0799**

3. Date Incorporated or Qualified: **08/11/1961**  
3a. Date of Last Report: **02/21/1995**  
4. FEI Number: **52-0794134**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent: **FLORIDA STATE TREAS & INS COMM THE CAPITOL TALLAHASSEE FL 32304**  
10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CEOP NICELY, OLZA M</b>	12. NAME	<b>V, D SPARKS, W. ALVON, JR.</b>
STREET ADDRESS	<b>5260 WESTERN AVENUE</b>	13. STREET ADDRESS	<b>5260 WESTERN AVENUE</b>
CITY - ST - ZIP	<b>CHEVY CHASE MD</b>	14. CITY - ST - ZIP	<b>CHEVY CHASE, MD</b>
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHARA, CHARLES G.</b>	22. NAME	
STREET ADDRESS	<b>5260 WESTERN AVENUE</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>CHEVY CHASE MD</b>	24. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICELY, OLZA M</b>	32. NAME	
STREET ADDRESS	<b>5260 WESTERN AVENUE</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>CHEVY CHASE MD</b>	34. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, ROSALIND ANN</b>	42. NAME	
STREET ADDRESS	<b>5260 WESTERN AVENUE</b>	43. STREET ADDRESS	
CITY - ST - ZIP	<b>CHEVY CHASE MD</b>	44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PACE, SIMONE J.</b>	52. NAME	<b>V, D PACE, SIMONE J.</b>
STREET ADDRESS	<b>5260 WESTERN AVENUE</b>	53. STREET ADDRESS	<b>5260 WESTERN AVENUE</b>
CITY - ST - ZIP	<b>CHEVY CHASE MD</b>	54. CITY - ST - ZIP	<b>CHEVY CHASE, MD</b>
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ROBERT M</b>	62. NAME	
STREET ADDRESS	<b>5260 WESTERN AVENUE</b>	63. STREET ADDRESS	
CITY - ST - ZIP	<b>CHEVY CHASE MD</b>	64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosalind Ann Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Rosalind Ann Phillips**  
Date: **2/9/96** Digitized Phone #: **(301) 986-2077**

CR2E034 (12/95)