

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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 20815-3701**

3. Date Incorporated or Qualified
08/11/1961

3a. Date of Last Report
02/16/1996

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip Country	24. Zip Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip Country	29. Zip Country	30. Country	4. FEI Number 52-0794134	Applied For Not Applicable
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 FL 85. Zip Code						

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

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEOP NICELY, OLZA M	12 NAME	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	13 STREET ADDRESS	
CITY-ST-ZIP	T	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARA, CHARLES G.	2.2 NAME	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	2.3 STREET ADDRESS	
CITY-ST-ZIP	C	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICELY, OLZA M	3.2 NAME	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	3.3 STREET ADDRESS	
CITY-ST-ZIP	S	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, ROSALIND ANN	4.2 NAME	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VD	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, SIMONE J.	5.2 NAME	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	5.3 STREET ADDRESS	
CITY-ST-ZIP	VD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT M	6.2 NAME	
STREET ADDRESS	5260 WESTERN AVENUE CHEVY CHASE MD	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 A. Phillips* Rosalind A. Phillips, Secretary 301-986-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)