

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815511

FILED  
Feb 01, 2005  
Secretary of State

Entity Name: GEICO INDEMNITY COMPANY

## Current Principal Place of Business:

5260 WESTERN AVENUE  
CHEVY CHASE, MD 208150799

## New Principal Place of Business:

## Current Mailing Address:

ONE GEICO PLAZA  
WASHINGTON, DC 20076

## New Mailing Address:

FEI Number: 52-0794134      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FLORIDA STATE TREAS & INS COMM  
THE CAPITOL  
TALLAHASSEE, FL 32304      US

## Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER  
PO BOX 6200  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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: KATE LOTTS

02/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete  
Name: NICELY, OLZA M  
Address: 5260 WESTERN AVENUE  
City-St-Zip: CHEVY CHASE, MD

Title: T ( ) Delete  
Name: SCHARA, CHARLES G.,  
Address: 5260 WESTERN AVENUE  
City-St-Zip: CHEVY CHASE, MD

Title: C ( ) Delete  
Name: NICELY, OLZA M  
Address: 5260 WESTERN AVENUE  
City-St-Zip: CHEVY CHASE, MD

Title: S ( ) Delete  
Name: STEWART, JAN C  
Address: 5260 WESTERN AVENUE  
City-St-Zip: CHEVY CHASE, MD

Title: VD ( ) Delete  
Name: WELLS, THOMAS M  
Address: 5260 WESTERN AVENUE  
City-St-Zip: CHEVY CHASE, MD

Title: VD ( ) Delete  
Name: MILLER, ROBERT M  
Address: 5260 WESTERN AVENUE  
City-St-Zip: CHEVY CHASE, MD

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAN C STEWART

S

02/01/2005

Electronic Signature of Signing Officer or Director

Date