


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90046 008 ***158.75

20024843



DOCUMENT # 815511					
1. Entity Name GEICO INDEMNITY COMPANY					
Principal Place of Business 5260 WESTERN AVENUE CHEVY CHASE, MD 20815-0799			Mailing Address ONE GEICO PLAZA WASHINGTON, DC 20076		
2. Principal Place of Business		3. Mailing Address		03282006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 52-0794134	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER PO BOX 6200 200 EAST GAINES STREET TALLAHASSEE, FL 32399				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP NICELY, OLZA M 5260 WESTERN AVENUE CHEVY CHASE, MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHARA, CHARLES G. 5260 WESTERN AVENUE CHEVY CHASE, MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NICELY, OLZA M 5260 WESTERN AVENUE CHEVY CHASE, MD <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller William J. McDonald 5260 Western Avenue Chevy Chase, MD 20815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, JAN C 5260 WESTERN AVENUE CHEVY CHASE, MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLS, THOMAS M 5260 WESTERN AVENUE CHEVY CHASE, MD <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President George W. Rogers 5260 Western Avenue Chevy Chase, MD 20815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, ROBERT M 5260 WESTERN AVENUE CHEVY CHASE, MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Jan C. Stewart		3/29/06 (301) 986 - 2077	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone #	

ATTACHMENT



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company
- Safe Driver Motor Club, Inc.

LICENSING DIVISION
ONE GEICO PLAZA ■ Washington, D.C. 20076-0001

20024843
#815511

March 28, 2006

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed, please find four checks for \$158.75 each in payment of our Annual Report fees for the following companies:

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company.

This amount includes \$8.75 per company for a copy of our current certificate of status.

Also enclosed, please find the Annual Report documents for the same four companies with our updated officer information. It is our understanding that this is sufficient to complete our annual report filing. If any additional information is needed, please do not hesitate to contact me at the number listed below.

Sincerely,

Rosemary J. Rabon
Licensing Compliance Analyst
301-986-3886
rrabon@geico.com