

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815511

FILED  
May 20, 2008  
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:**

CHIEF FINANCIAL OFFICER  
PO BOX 6200  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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

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: MCDONALD, WILLIAM J  
Address: 5250 WESTERN AVE  
City-St-Zip: CHEVY CHASE, MD 20815

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

Title: VP ( ) Delete  
Name: ROGERS, GEORGE W  
Address: 5260 WESTERN AVENUE  
City-St-Zip: CHEVY CHASE, MD 20815

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: S (X) Change ( ) Addition  
Name: ROBINSON, WILLIAM C  
Address: 5260 WESTERN AVENUE  
City-St-Zip: CHEVY CHASE, MD

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 exemption stated 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 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: WILLIAM C. E. ROBINSON

S

05/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date