

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815511

FILED
Apr 19, 2012
Secretary of State

Entity Name: GEICO INDEMNITY COMPANY

Current Principal Place of Business:

ONE GEICO BLVD
FREDERICKSBURG, VA 22412

New Principal Place of Business:

Current Mailing Address:

5260 WESTERN AVENUE
CHEVY CHASE, MD 20815

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: NICELY, OLZA M
Address: 5260 WESTERN AVENUE
City-St-Zip: CHEVY CHASE, MD

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

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

Title: S
Name: ROBINSON, WILLIAM C
Address: 5260 WESTERN AVENUE
City-St-Zip: CHEVY CHASE, MD

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

Title: VP
Name: STEWART, JAN C
Address: 5260 WESTERN AVENUE
City-St-Zip: CHEVY CHASE, MD

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM C. E. ROBINSON

S

04/19/2012

Electronic Signature of Signing Officer or Director

Date