FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **821707** **(7)**

1. Corporation Name

GEICO FINANCIAL SERVICES, INC.

Principal Place of Business
7551 WEST ALAMEDA AVE.
(P. O. BOX 5555. T. A.)
DENVER CO 80226-3205

Mailing Address
7551 WEST ALAMEDA AVE.
(P. O. BOX 5555. T. A.)
DENVER CO 80226-3205

3. Date Incorporated or Qualified: 08/06/1968
3a. Date of Last Report: 04/07/1995

4. FEI Number: 53-0190991 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

2. Principal Place of Business
21 10403 W. Colfax Avenue
Suite, Apt. #, etc.
22 630
City & State
23 Lakewood, CO
Zip 24 80215-3801 Country 25 USA

2a. Mailing Address
26 P. O. Box 5555
Suite, Apt. #, etc.
27
City & State
28 Denver, CO
Zip 29 80217-5555 Country 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPARKS, W. ALVON, JR.		1.2 NAME		
STREET ADDRESS	7513 PEPPERELL DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		1.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BROWN, DAVID A.		2.2 NAME		
STREET ADDRESS	189 S.REED ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD CO		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AVERY, JOHN M.		3.2 NAME		
STREET ADDRESS	5912 SILVERTHORN RUN		3.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLETON CO		3.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREENHOLTZ, WAYNE M.		4.2 NAME		
STREET ADDRESS	1025 S BUTLER WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD CO		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHENKEIN, WILLIAM F.		5.2 NAME		
STREET ADDRESS	433 ADAMS ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VP	☐ Change ☒ Addition
NAME			6.2 NAME	ULERY, SHARI L.	
STREET ADDRESS			6.3 STREET ADDRESS	4758 W LAKE CR.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	LITTLETON CO	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Shari L. Ulery — Vice Pres. & General Counsel — 3/22/96 — 303-234-8380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #