

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 841347 (8)

1. Corporation Name

GEICO GENERAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

5260 WESTERN AVENUE  
CHEVY CHASE MD 20815

5260 WESTERN AVENUE  
CHEVY CHASE MD 20815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1978

4. FEI Number

75-1588101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32304

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D BYRD, MARION E. ☒ DELETE  
NAME  
STREET ADDRESS 5260 WESTERN AVENUE  
CITY-ST-ZIP CHEVY CHASE MD

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME PACE, SIMONE J.  
1.3 STREET ADDRESS 5260 Western Ave.  
1.4 CITY-ST-ZIP Chevy Chase, MD

TITLE S ☐ DELETE  
NAME PHILLIPS, ROSALIND ANN  
STREET ADDRESS 5260 WESTERN AVENUE  
CITY-ST-ZIP CHEVY CHASE MD

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME WELLS, THOMAS M  
STREET ADDRESS 5260 WESTERN AVENUE  
CITY-ST-ZIP CHEVY CHASE MD

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE CEO ☐ DELETE  
NAME NICELY, OLZA M.  
STREET ADDRESS 5260 WESTERN AVENUE  
CITY-ST-ZIP CHEVY CHASE MD

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE C ☐ DELETE  
NAME NICELY, OLZA M  
STREET ADDRESS 5260 WESTERN AVENUE  
CITY-ST-ZIP CHEVY CHASE MD

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME SCHARA, CHARLES G  
STREET ADDRESS 5260 WESTERN AVENUE  
CITY-ST-ZIP CHEVY CHASE MD

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)