

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841347

1. Entity Name

GEICO GENERAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

5260 WESTERN AVENUE
CHEVY CHASE MD 20815

5260 WESTERN AVENUE
CHEVY CHASE MD 20815-3701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-1588101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PACE, SIMONE J	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHILLIPS, ROSALIND ANN	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS, THOMAS M	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	NICELY, OLZA M.	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	C	<input type="checkbox"/> Delete
NAME	NICELY, OLZA M	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHARA, CHARLES G	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT M.	
STREET ADDRESS	5260 WESTERN AVENUE	
CITY-ST-ZIP	CHEVY CHASE, MD	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Rosalind A. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000
Date

301 986-2077
Daytime Phone #