FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:40

DOCUMENT # **857576** **(3)**

1. Corporation Name

GEICO CASUALTY COMPANY

Principal Place of Business	Mailing Address
5260 WESTERN AVENUE CHEVY CHASE MD 20815-0799	5260 WESTERN AVENUE CHEVY CHASE MD 20815-0799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/30/1983	03/01/1994

4. FEI Number: 52-1264413 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

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

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITAL BLDG
TALLAHASSEE FL 32301

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 ______________________
Signature, typed or printed name of registered agent and title if applicable — Date (If Registered Agent is also an officer/director, mark Change)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PACE, SIMONE J
STREET ADDRESS	5260 WESTERN AVENUE
CITY ST ZIP	CHEVY CHASE MD
TITLE	PD
NAME	MILLER, ROBERT M
STREET ADDRESS	5260 WESTERN AVENUE
CITY ST ZIP	CHEVY CHASE MD
TITLE	C
NAME	UTLEY, EDWARD A.
STREET ADDRESS	5260 WESTERN AVENUE
CITY ST ZIP	CHEVY CHASE MD
TITLE	VD
NAME	ALEGI, AUGUST P.
STREET ADDRESS	5260 WESTERN AVENUE
CITY ST ZIP	CHEVY CHASE MD
TITLE	T
NAME	SCHARA, CHARLES G.
STREET ADDRESS	5260 WESTERN AVENUE
CITY ST ZIP	CHEVY CHASE MD
TITLE	S
NAME	PHILLIPS, ROSALIND ANN
STREET ADDRESS	5260 WESTERN AVENUE
CITY ST ZIP	CHEVY CHASE MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	CEOP	☒ Change ☐ Addition
32 NAME	NICELY, OLZA M.	
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	C	☒ Change ☐ Addition
42 NAME	NICELY, OLZA M.	
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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)(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.

SIGNATURE: [signature] Rosalind A. Phillips 2/15/95 301-986-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Secretary — Date — Daytime Phone #

0474730 FP