

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 # **857576** (3)

1. Corporation Name

GEICO CASUALTY COMPANY



Principal Place of Business

**5260 WESTERN AVENUE
CHEVY CHASE MD 20815-0799**

Mailing Address

**5260 WESTERN AVENUE
CHEVY CHASE MD 20815-0799**

3. Date Incorporated or Qualified
08/30/1983

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE INSURANCE COMMISSIONER
THE CAPITAL BLDG
TALLAHASSEE FL 32301**

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 officer 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 of officer or director 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 ☐ DELETE

NAME **D**
PACE, SIMONE J
STREET ADDRESS **5260 WESTERN AVENUE**
CITY-STATE-ZIP **CHEVY CHASE MD**

TITLE ☐ DELETE

NAME **PD**
MILLER, ROBERT M
STREET ADDRESS **5260 WESTERN AVENUE**
CITY-STATE-ZIP **CHEVY CHASE MD**

TITLE ☐ DELETE

NAME **CEOP**
NICELY, OLZA M
STREET ADDRESS **5260 WESTERN AVENUE**
CITY-STATE-ZIP **CHEVY CHASE MD**

TITLE ☐ DELETE

NAME **C**
NICELY, OLZA M
STREET ADDRESS **5260 WESTERN AVENUE**
CITY-STATE-ZIP **CHEVY CHASE MD**

TITLE ☐ DELETE

NAME **T**
SCHARA, CHARLES G.
STREET ADDRESS **5260 WESTERN AVENUE**
CITY-STATE-ZIP **CHEVY CHASE MD**

TITLE ☐ DELETE

NAME **S**
PHILLIPS, ROSALIND ANN
STREET ADDRESS **5260 WESTERN AVENUE**
CITY-STATE-ZIP **CHEVY CHASE MD**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **V,D**
SPARKS, W. ALVON, JR.
1.3 STREET ADDRESS **5260 WESTERN AVENUE**
1.4 CITY-STATE-ZIP **CHEVY CHASE, MD**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V,D**
MILLER, ROBERT M.
2.3 STREET ADDRESS **5260 WESTERN AVENUE**
2.4 CITY-STATE-ZIP **CHEVY CHASE, MD**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)