2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2010
Secretary of State

DOCUMENT# F95000002056

Entity Name: GEICO INSURANCE AGENCY, INC.

Current Principal Place of Business:

ONE GEICO BLVD
FREDERICKSBURG, VA 22412

New Principal Place of Business:

Current Mailing Address:

ONE GEICO BLVD
LICENSING- 2ND FLOOR
FREDERICKSBURG, VA 22412

New Mailing Address:

FEI Number: 52-1168724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: ZINNO, JOHN J
Address: 1601 GAYLE TERRACE
City-St-Zip: FREDERICKSBURG, VA 22401

Title: VP
Name: MILLER, ROBERT M
Address: 2820 AMHERST AVE
City-St-Zip: DALLAS, TX 75225

Title: S
Name: ROBINSON, WILLIAM C E
Address: 1607 TRILLUM COURT
City-St-Zip: MITCHELLVILLE, MD 20721

Title: AS
Name: DOMMASCH, SHIRLEY M
Address: 6030 MARINEVIEW RD
City-St-Zip: KING GEORGE, VA 22485

Title: VP
Name: GRENIER, KEVIN N
Address: 17531 APPLEWOOD LANE
City-St-Zip: DERWOOD, MD 20855

Title: T
Name: SCHARA, CHARLES G
Address: 8204 SPARGER STREET
City-St-Zip: MCLEAN, VA 22102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM C. E. ROBINSON S 06/22/2010

Electronic Signature of Signing Officer or Director — Date