## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000002056

Entity Name: GEICO INSURANCE AGENCY, INC.

FILED Mar 18, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

ONE GEICO BLVD

FREDERICKSBURG, VA 22412

Current Mailing Address: New Mailing Address:

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

5260 WESTERN AVENUE
LICENSING - 5T
CHEVY CHASE, MD 20815

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

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:

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 03/18/2011