

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002056

Entity Name: GEICO INSURANCE AGENCY, INC.**Current Principal Place of Business:**ONE GEICO BLVD
FREDERICKSBURG, VA 22412**Current Mailing Address:**5260 WESTERN AVENUE
URC LICENSING
CHEVY CHASE, MD 20815 US**FEI Number:** 52-1168724**Certificate of Status Desired:** No**Name and Address of Current 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

Officer/Director Detail :

Title	P
Name	ZINNO, JOHN J
Address	ONE GEICO BLVD
City-State-Zip:	FREDERICKSBURG VA 22412

Title	VP
Name	MILLER, ROBERT M
Address	5260 WESTERN AVENUE
City-State-Zip:	CHEVY CHASE MD 20815

Title	S
Name	ROBINSON, WILLIAM CE
Address	5260 WESTERN AVENUE
City-State-Zip:	CHEVY CHASE MD 20815

Title	VP
Name	GALLARO, MELISSA K
Address	ONE GEICO BLVD
City-State-Zip:	FREDERICKSBURG VA 22412

Title	T
Name	HOLLIS, WHITE A
Address	5260 WESTERN AVENUE
City-State-Zip:	CHEVY CHASE MD 20815

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**CORPORATE
SECRETARY**

02/15/2018

Electronic Signature of Signing Officer/Director Detail

Date