

1.) CORPORATION NAME:

**GOVERNMENT EMPLOYEES INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
JOSEPH R THOMAS  
1345 PERIMETER PKWY  
VIRGINIA BEACH, VA 23454-5882**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

DUE DATE: **1/29/2010**

SCC ID NO: **F0068108**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	45,000,000
CUMP	300,000
CONVP	10,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5260 WESTERN AVE

CITY/ST/ZIP: CHEVY CHASE, MD 20815-3799

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: OLZA M NICELY  
TITLE: COB/P/CEO  
ADDRESS: 805 NETHERCLIFFE HALL RD  
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER

DIRECTOR

NAME: DONALD R LYONS  
TITLE: SR VP  
ADDRESS: 11616 SWAINS LOCK TERRACE  
CITY/ST/ZIP/CO: POTOMAC, MD 20854-

OFFICER

DIRECTOR

NAME: WILLIAM E ROBERTS  
TITLE: EXEC VP  
ADDRESS: 6529 79TH PLACE  
CITY/ST/ZIP/CO: CABIN JOHN, MD 20818-

OFFICER

DIRECTOR

NAME: WILLIAM C E ROBINSON  
TITLE: SECRETARY  
ADDRESS: 1607 TRILLUM CT  
CITY/ST/ZIP/CO: MITCHELLVILLE, MD 20721-

OFFICER

DIRECTOR

NAME: CHARLES G SCHARA  
TITLE: TREASURER  
ADDRESS: 1150 OLD TOLSON MILL ROAD  
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ WILLIAM C E ROBINSON  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

WILLIAM C E ROBINSON,  
SECRETARY  
PRINTED NAME AND CORPORATE  
TITLE

8/17/2010  
DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.