

1.) CORPORATION NAME:

GEICO INDEMNITY COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

DUE DATE: **7/30/2010**

SCC ID NO: **F0156382**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5260 WESTERN AVE

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

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: P/CHAIR/CEO
ADDRESS: 805 NETHERCLIFFE HALL RD
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER

DIRECTOR

NAME: DONALD R LYONS
TITLE: DIR/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: CORP S
ADDRESS: 1607 TRILLUM CT
CITY/ST/ZIP/CO: MITCHEVILLE, MD 20721-

OFFICER

DIRECTOR

NAME: CHARLES G SCHARA
TITLE: TREASURER
ADDRESS: 1150 OLD TOLSON MILL RD
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.

<u>/s/ WILLIAM C E ROBINSON</u>	<u>WILLIAM C E ROBINSON, CORP S</u>	<u>8/17/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.