

841347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800366343948

Amend

05/24/21--01016--016 **175.00

FILED

2021 JUL 12 AM 10:58

SECRETARY OF STATE
ALL APPLICANTS FILED

JUL 16 2021
A RAMSEY

2601092
00789, 00641, 00671

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GEICO General Insurance Company

Name of Corporation

DOCUMENT NUMBER: 841347

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robyn Wells

Name of Contact Person

GEICO

Firm/Company

One GEICO Plaza

Address

Washington, DC 20076

City/State and Zip Code

rwells@geico.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Wells

at (301) 986-2947

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2021

ROBYN WELLS
GEICO
ONE GEICO PLAZA
WASHINGTON, DC 20076 US

SUBJECT: GEICO GENERAL INSURANCE COMPANY
Ref. Number: 841347

We have received your document for GEICO GENERAL INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 321A00015126

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

841347

(Document number of corporation (if known))

1. GEICO GENERAL NSURANCE COMPANY

(Name of corporation as it appears on the records of the Department of State)

2. Maryland _____ 3. 08/25/1978
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? Not Applicable

5. Not Applicable
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

Not Applicable

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Nebraska

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent Not Applicable

(Florida street address)

New Registered Office Address: Not Applicable, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

2007 JUL 12 AM 10:58
SECRETARY OF STATE
MAIL ROOM
FILED

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Not Applicable		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:

 1895AD21E22D4AE

Jonathan L. Shafner

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

General Counsel

(Typed or printed name of person signing)

(Title of person signing)

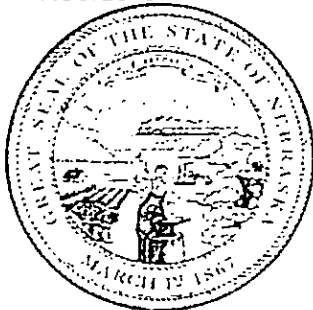
FILING FEE \$35.00

**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
CERTIFICATE OF COMPLIANCE**

July 07, 2021

I, ERIC DUNNING, Director of Insurance for the State of Nebraska, being the official charged by law with the supervision of insurance in said state, do hereby certify that the **GEICO GENERAL INSURANCE COMPANY**, a Nebraska insurance corporation, is duly organized under the laws of this State and that said company has complied with all the requirements of the laws of this State and that it is authorized to issue policies and transact the business of insurance as described by subsection(s) 04 Sickness and Accident Insurance, 05 Property Insurance, 07 Glass Insurance, 08 Burglary and Theft Insurance, 09 Boiler and Machinery Insurance, 10 Liability Insurance, 11 Workers Comp and Employers Liability, 12 Vehicle Insurance, 13 Fidelity Insurance, 14 Surety Insurance, 18 Marine Insurance, 20 Miscellaneous Insurance of Section 44-201 of the Nebraska Statutes.

I hereto subscribe my name under the seal of my office at Lincoln, Nebraska.





DIRECTOR OF INSURANCE