

807412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

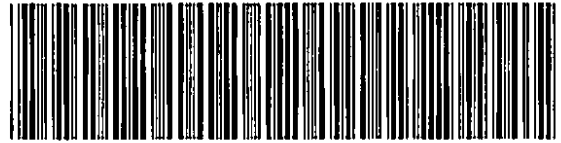
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700366343957

Amend

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

2021 JUL 12 AM 11:19
SECRETARY OF STATE
TREASURY

FILED

X-00289 00641, 00621

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Government Employees Insurance Company

Name of Corporation

DOCUMENT NUMBER: 807412

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 1, 2021

ROBYN WELLS
GEICO
ONE GEICO PLAZA
WASHINGTON, DC 20076 US

SUBJECT: GOVERNMENT EMPLOYEES INSURANCE COMPANY
Ref. Number: 807412

We have received your document for GOVERNMENT EMPLOYEES 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):

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: 521A00015126

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:

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)

Jonathan L. Shafner

General Counsel

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2021

ANDREW KEE
4819 SHERRY LANE
FORT MYERS, FL 33908 US

SUBJECT: PALMETTO POINT ASSOCIATION, INC.
Ref. Number: 749233

We have received your document for PALMETTO POINT ASSOCIATION, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00.

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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

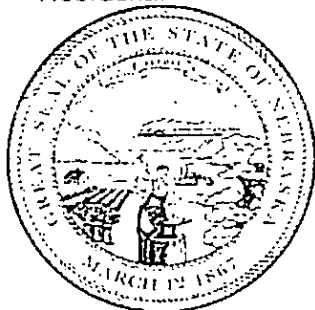
Letter Number: 221A00015124

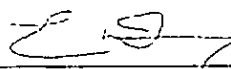
STATE OF NEBRASKA DEPARTMENT OF INSURANCE CERTIFICATE OF COMPLIANCE

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 **GOVERNMENT EMPLOYEES 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, 16 Credit 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