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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FACTH

01-20-23

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GEICO CHOICE INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: F22000004670

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andres Crosetto

Name of Contact Person

GEICO

Firm/Company

5260 Western Ave., 5th Floor

Address

Chevy Chase, MD 20815

City/State and Zip Code

acrossetto@geico.com

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

For further information concerning this matter, please call:

Andres Crosetto

Name of Contact Person

at (240) 541-9255

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Nebraska
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GEICO CHOICE INSURANCE COMPANY
2. The principal office address: 5260 Western Ave., Chevy Chase, MD 20815
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/18/2022 Document number: F22000004670
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Angela Rinella

3535 W. Pipkin Rd.

Lakeland, FL 33811

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Chief Financial Officer

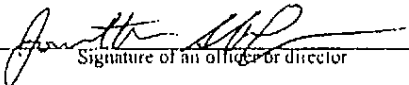
200 East Gaines St.

P.O. Box NOT acceptable

Tallahassee, FL 32399-0301

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

JONATHAN SHAFER, VP
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

Florida Chief Financial Officer

9/22/2022

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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