

F24000002050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

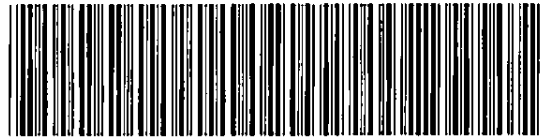
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2024

JEN MULLIGAN
5260 WESTERN AVENUE
CHEVY CHASE, MD 20815 US

SUBJECT GEICO ADVANTAGE INSURANCE COMPANY
Ref Number W24000044143

We have received your document for GEICO ADVANTAGE INSURANCE COMPANY and check(s) totaling \$78 75. However, the enclosed document has not been filed and is being returned to you for the following reason(s)

Insurance companies must list the Florida Chief Financial Officer as the registered agent, along with the address for the Florida Chief Financial Officer. No signature from the Florida CFO is required.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number 724A00005915

RECEIVED

APR 09 2024

COVER LETTER

TO Registration Section
Division of Corporations

SUBJECT: GEICO Advantage Insurance Company

Name of corporation - must include suffix

Dear Sir or Madam

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida

Please return all correspondence concerning this matter to the following

Jen Mulligan

Name of Person

GEICO Advantage Insurance Company

Firm/Company

5260 Western Avenue

Address

Chevy Chase, MD 20815

City/State and Zip code

jmulligan@gerco.com

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

For further information concerning this matter, please call

Jen Mulligan

at (610) 633-1807

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS.

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

MAILING ADDRESS.

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

Enclosed is a check for the following amount

Please make check payable to **FLORIDA DEPARTMENT OF STATE**

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*INCOMPLIANCE WITH SECTION 607 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

1 GEICO Advantage Insurance Company

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2 Nebraska 3 45-2524450

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4 06/13/2011

(Date of incorporation)

5

(Date of duration, if other than perpetual)

6

(Date first transacted business in Florida, if prior to regulation)
(SEE SECTIONS 607 1501 & 607 1502, F.S., to determine penalty liability)

7 5260 Western Avenue, Chevy Chase, MD 20815

(Principal office street address)

(Current mailing address, if different)

8 Name and street address of Florida registered agent (PO Box NOT acceptable)

Name The Florida Chief Financial Officer

Office Address 200 E. Gains Street

Tallahassee

(City)

, Florida

32399

(Zip code)

9 Registered agent's acceptance

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

(Registered agent's signature)

10 Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11 For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

2024 APR -9 AM 3:32

A DIRECTORS

☒ Chairman Name Todd A Combs
☐ Vice Chairman Address 5260 Western Avenue
☐ Director Chevy Chase, MD 20815
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Alison M Fazio
☐ Vice Chairman Address 5260 Western Avenue
☒ Director Chevy Chase, MD 20815
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

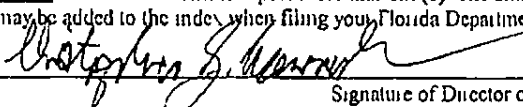
☐ Chairman Name Seth M Ingall
☐ Vice Chairman Address 5260 Western Avenue
☒ Director Chevy Chase, MD 20815
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Nancy L Pierce
☐ Vice Chairman Address 5260 Western Avenue
☒ Director Chevy Chase, MD 20815
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Daniel J Jaksich
☐ Vice Chairman Address 3555 Farnam Street
☒ Director Omaha, NE 68131
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Christopher J Nowack
☐ Vice Chairman Address 5260 Western Avenue
☐ Director Chevy Chase, MD 20815
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

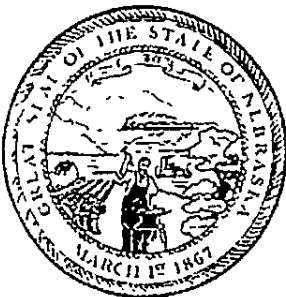
13 Christopher J Nowack
 (Typed or printed name and capacity of person signing application)

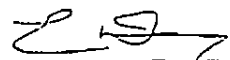
STATE OF NEBRASKA DEPARTMENT OF INSURANCE CERTIFICATE OF COMPLIANCE

February 15, 2024

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 ADVANTAGE 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) 05 Property Insurance, 08 Burglary and Theft Insurance, 10 Liability Insurance, 12 Vehicle 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