



**Secretary of State**  
**Statement and Designation by**  
**Foreign Insurer Corporation**

**S&DC-INS**

For Office Use Only

**-FILED-**

File No.: 6576918

Date Filed: 2/6/2025

**IMPORTANT - Read Instructions before completing this form.**

Must be submitted with a current **Certificate of Good Standing** issued by the government agency where the corporation was formed. See Instructions.

Must be submitted with a certificate by the California Insurance Commissioner approving the corporate name. For more information, go to [www.insurance.ca.gov](http://www.insurance.ca.gov).

**Filing Fee – \$100.00 (for a foreign stock corporation) or  
\$30.00 (for a foreign nonprofit corporation)**

**Certified Copy Fee (Optional) - \$5.00**

**Note:** Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

**This Space For Office Use Only**

- 1. Corporate Name** (Go to [www.sos.ca.gov/business/be/name-reservations](http://www.sos.ca.gov/business/be/name-reservations) for general corporate name requirements and restrictions.)

- 2. Jurisdiction** (State, foreign country or place where this corporation is formed - **must match** the Certificate of Good Standing provided.)

GEICO Indemnity Company

Nebraska

- 3. Business Addresses** (Enter the **complete** business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Initial Street Address of Principal Executive Office - <b>Do not enter a P.O. Box</b> 5260 Western Avenue	City (no abbreviations) Chevy Chase	State MD	Zip Code 20815
b. Street Address of Principal Office in California, if any - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State CA	Zip Code
c. Mailing Address of Principal Executive Office, if different than item 3a 15 GEICO BLVD	City (no abbreviations) Fredericksburg	State VA	Zip Code 22406

- 4. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State CA	Zip Code

**CORPORATION** – Complete Item 4c. Only include the name of the registered agent Corporation.

- c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 4a or 4b

CT Corporation System

**5. Insurer Statement**

This corporation will be subject to the California Insurance Code as an insurer.

- 6. Read and Sign Below** (See instructions. Office or title not required.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

Signature

Victoria Vron

Type or Print Name

# STATE OF NEBRASKA

United States of America,        } ss.  
State of Nebraska                }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the  
State of Nebraska, do hereby certify that

## GEICO INDEMNITY COMPANY

incorporated on December 30, 2020 and is duly incorporated under the law of  
Nebraska;

that no occupation taxes due from and assessable against the Corporation are  
unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the  
Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

January 31, 2025



A handwritten signature in black ink, appearing to read "Robert B. Evnen".

Secretary of State

No. 1668-3

STATE OF CALIFORNIA  
**DEPARTMENT OF INSURANCE**  
 OAKLAND

Amended

**Certificate of Authority**

THIS IS TO CERTIFY that, pursuant to the Insurance Code of the State of California,

**GEICO Indemnity Company**

*of Nebraska, organized under the laws of Nebraska, subject to its Articles of Incorporation or other fundamental organizational documents, is hereby authorized to transact within this State, subject to all provisions of this Certificate, the following classes of insurance:*

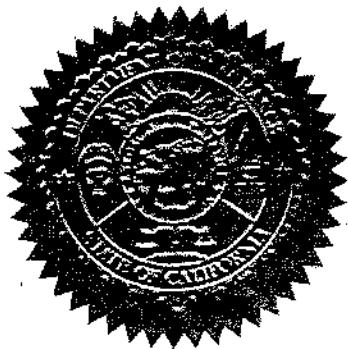
**Fire, Plate Glass, Liability, Common Carrier Liability,**

**Burglary, Automobile, and Miscellaneous**

*as such classes are now or may hereafter be defined in the Insurance Laws of the State of California.*

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of California as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, I set my hand and affix my official seal  
 this 21<sup>st</sup> day of November, 2022.



Ricardo Lara  
 Insurance Commissioner

*Valerie J. Sarfaty*

Valerie J. Sarfaty  
 for Catalina Hayes-Bautista  
 Insurance Chief Deputy

By

**NOTICE:**

Qualification with the Secretary of State must be accomplished as required by the California Corporations Code promptly after issuance of this Certificate of Authority. Failure to do so will be a violation of Insurance Code section 701 and will be grounds for revoking this Certificate of Authority pursuant to the covenants made in the application therefor and the conditions contained herein.