



Secretary of State
Statement and Designation by
Foreign Insurer Corporation

S&DC-INS

For Office Use Only

-FILED-

File No.: 6581195

Date Filed: 2/7/2025

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.**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 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.)

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

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

GOVERNMENT EMPLOYEES INSURANCE 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, reading "Robert B. Evnen".

Secretary of State

No. 1348-2

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,

Government Employees Insurance 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, Marine, Plate Glass, Liability, Workers' Compensation, Burglary,

Team and Vehicle, 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 21st day of November, 2022.



Ricardo Lara
Insurance Commissioner

By

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

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.