COURT ORDERED LEGAL NOTICE

If you suffered a total-loss of a vehicle insured by GEICO during the relevant time period under comprehensive or collision coverage, you may be entitled to a cash payment.

Complete and return the enclosed Claim Form by July 10, 2024 to be eligible for a payment.

Texas Regulatory Fees Class Action Settlement c/o JND Legal Administration P.O. BOX 91176 Seattle, WA, 98111

«Barcode»

Postal Service: Please do not mark barcode

«Full_Name»
«CF CARE OF NAME»

«CF_ADDRESS_1»

«CF_ADDRESS_2»

«CF_CITY», «CF_STATE» «CF_ZIP»

Notice of Class Action Settlement

The Parties have agreed to settle *Philip Angell, et al. v. Geico Advantage Insurance Company, et al.*, Case No. 4:20-cv-00799, United States District Court for the Southern District of Texas. Houston Division.

Why am I getting this Notice? You have been identified as a potential Settlement Class Member in a class action against GEICO Advantage Insurance Company, GEICO Indemnity Company, Government Employees Insurance Company, GEICO County Mutual Insurance Company, and GEICO Choice Insurance Company ("GEICO") because (1) you were insured by GEICO or one of its affiliates under a Texas private passenger auto insurance policy; and (2) you submitted a physical damage claim with respect to your insured vehicle between May 5, 2016 and March 18, 2024 that resulted in a Total Loss Claim payment. The parties have agreed to settle this case. The full terms of the Settlement Agreement can be found at www.TexasRegulatoryFeesClassActionSettlement.com.

What is this lawsuit about? The Settlement resolves a lawsuit claiming that GEICO breached its auto insurance policies by failing to fully pay Regulatory Fees, and for leased vehicle only, failing to properly include full sales tax in claim payments to insureds who sustained first-party total loss claims. GEICO denies any fault, wrongdoing or liability.

Settlement terms. Regulatory Fees Class Members who submit a valid timely claim are eligible to receive payment of up to \$80 in Regulatory Fees (less any amounts in Regulatory Fees included in the original total loss claim payment and less each claimant's proportional share of Class Counsel Fees and/or court-awarded costs). The total amount to be made available for Settlement Payments, Class Counsel Fees and court-awarded costs is \$33,700,000.00. Class Counsel will be seeking attorneys' fees and costs of up to \$8,189,000.00 to be paid from the available settlement amount and \$7,500.00 Service Awards to the Class Representatives, with all amounts to be approved by the Court.

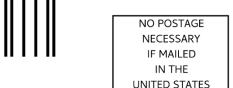
How do I receive Payment? To receive a payment, you must complete and mail the attached Claim Form or submit a Claim Form online at www.TexasRegulatoryFeesClassActionSettlement.com. Paper Claim Forms must be postmarked by July 10, 2024, or electronic Claim Forms submitted on the Settlement Website, by 11:59pm EST on July 10, 2024.

Do I have any other options? If you do not want to be legally bound by the Settlement, you must exclude yourself by June 25, 2024. Unless you exclude yourself, you will not be able to sue or continue to sue GEICO for any claim made in this lawsuit or released by the Settlement Agreement. If you stay in the Settlement (i.e., don't exclude yourself), you may object to it or ask for permission for you or your own lawyer to appear and speak at the final approval hearing—at your own cost—but you don't have to. Objections and requests to appear are due by June 25, 2024. The Long Form Notice, available at the Settlement Website, explains how to exclude yourself or object. The Court will hold a hearing on August 1, 2024, to consider whether to finally approve the Settlement, Class Counsel's request for attorneys' fees and Service Awards for the Class Representatives. More details and the full terms of the proposed Settlement are available at www.TexasRegulatoryFeesClassActionSettlementcom.

How do I get more information? Go to www.TexasRegulatoryFeesClassActionSettlement.com or call toll-free 1-877-495-0138.

CLAIM FORM

Name & Address: [PREFILL]	Unique ID: [PREFILL]
Date of Loss: [PREFILL]	Insurance Claim No: [PREFILL]
1. ADDRESS (if different from above Primary Address	
Primary Address continued	
City:	State: Zip Code:
the insurance claim identified above or guardian or trustee of the person who	g below, I certify that I am the person who made am the legally authorized personal representative, ade the insurance claim identified above and that tion on this Claim form is true and correct.
Signature:	Dated:
Name (please print):	



BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 985 SEATTLE, WA

POSTAGE WILL BE PAID BY ADDRESSEE

TEXAS REGULATORY FEES CLASS ACTION SETTLEMENT C/O JND LEGAL ADMINISTRATION PO BOX 91176 SEATTLE WA 98111-9846

