

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☒ the final return/report	
	☒ an amended return/report ☐ a short plan year return/report (less than 12 months)		
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>PENSION PLAN FOR THE EMPLOYEES OF GEICO</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>12/01/1952</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GEICO CORPORATION</u> <u>ONE GEICO PLAZA</u> <u>WASHINGTON, DC 20076-0001</u>	2b	Employer Identification Number (EIN) <u>52-1135801</u>
		2c	Plan Sponsor's telephone number <u>301-986-2185</u>
		2d	Business code (see instructions) <u>551112</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/18/2019	H. A. WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/18/2019	J. C. STEWART
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor PENSION PLAN ADMINISTRATIVE COMMITTEE ONE GEICO PLAZA WASHINGTON, DC 20076-0001	3b Administrator's EIN 52-1056924 3c Administrator's telephone number 301-986-2077
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 14878
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 7846 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<div>A Name of plan PENSION PLAN FOR THE EMPLOYEES OF GEICO</div>	<div>B Three-digit plan number (PN) 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GEICO CORPORATION</div>	<div>D Employer Identification Number (EIN) 52-1135801</div>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
--	--

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018			
2 Assets:			
a Market value	2a	1590766543	
b Actuarial value	2b	1590766543	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3983	373785342	373785342
b For terminated vested participants	3044	125383895	125383895
c For active participants	7850	715516705	727424120
d Total	14877	1214685942	1226593357
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.93 %	
6 Target normal cost	6	48528786	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	<div>05/10/2019</div> <div>Date</div> <div>17-07116</div> <div>Most recent enrollment number</div> <div>703-258-8000</div> <div>Telephone number (including area code)</div>
<div>JASON S. WILHITE</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>800 NORTH GLEBE ROAD ARLINGTON, VA 22203</div> <div>Address of the firm</div>	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	77078033
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	77078033
10 Interest on line 9 using prior year's actual return of <u>16.63</u> %	0	12818077
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		194766705
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.12</u> %		11919722
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		206686427
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	89896110

Part III Funding Percentages

14 Funding target attainment percentage	14	122.36%
15 Adjusted funding target attainment percentage	15	129.68%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.01%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	48528786	
b Excess assets, if applicable, but not greater than line 31a	31b	48528786	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan PENSION PLAN FOR THE EMPLOYEES OF GEICO	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GEICO CORPORATION	D Employer Identification Number (EIN) 52-1135801	

Part I	Service Provider Information (see instructions)
--------	---

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PNC BANK, N.A.
25-1211909
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON DELAWARE, INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	159078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

JOHNSON LAMBERT, LLP

52-1446779

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	35175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

STEVENS & LEE

23-1886296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	6711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	FIDUCIARY	4753	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan PENSION PLAN FOR THE EMPLOYEES OF GEICO	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GEICO CORPORATION	D Employer Identification Number (EIN) 52-1135801	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	8387679	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	215000000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	277302	0
(2) U.S. Government securities	1c(2)	88762481	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	44680485	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	1241302956	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	915942	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1599326845	0

Liabilities

g Benefit claims payable	1g	11270377	0
h Operating payables	1h	950	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	245779	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11517106	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1587809739	0
---	-----------	------------	---

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4391521	
(B) U.S. Government securities	2b(1)(B)	51517	
(C) Corporate debt instruments	2b(1)(C)	2524466	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6967504
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	15138080	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15138080
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1040728611	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	975278441	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		65450170
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-250294701	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-250294701

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-162738947

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	77738494	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		77738494
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	200964	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	1676614	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1877578
j Total expenses. Add all expense amounts in column (b) and enter total	2j		79616072

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-242355019
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		1345454720

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: JOHNSON LAMBERT, LLP

(2) EIN: 52-1446779

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BERKSHIRE HATHAWAY CONSOLIDATED PENSION PLAN	47-0679606	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4149129. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>PENSION PLAN FOR THE EMPLOYEES OF GEICO</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GEICO CORPORATION</u>	D Employer Identification Number (EIN) <u>52-1135801</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>52-1135801</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>258</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 90 % Investment-Grade Debt: 9 % High-Yield Debt: 0 % Real Estate: 0 % Other: 1 %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☒ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):



Independent Auditor's Report

The Board of Directors of GEICO Corporation
Plan Administrator of the Pension Plan for the Employees of
Government Employees Companies
Chevy Chase, Maryland

We have audited the accompanying financial statements of the Pension Plan for the Employees of Government Employees Companies (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for plan benefits as of December 31, 2018 and changes therein for the year then ended, and its financial status as of December 31, 2017 and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of the Schedule of Reportable Transactions for the year ended December 31, 2018 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script that reads "Johnson Lambert LLP". The signature is written in dark ink and is positioned to the right of the date and location text.

Vienna, Virginia
August 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	GEICO
EIN/PN	52-1135801/002
Plan Name	Pension Plan for the Employees of Government Employees Companies
Valuation Date	January 1, 2018
Enrolled Actuary	Jason Wilhite
Enrollment Number	17-07116

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2018

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
50	0.00	1,000,000	1.000000	0.000000	0.000000
51	0.00	1,000,000	1.000000	0.000000	0.000000
52	0.00	1,000,000	1.000000	0.000000	0.000000
53	0.00	1,000,000	1.000000	0.000000	0.000000
54	0.00	1,000,000	1.000000	0.000000	0.000000
55	0.05	1,000,000	1.000000	0.050000	2.750000
56	0.05	950,000	0.950000	0.047500	2.660000
57	0.05	902,500	0.902500	0.045125	2.572125
58	0.05	857,375	0.857375	0.042869	2.486388
59	0.05	814,506	0.814506	0.040725	2.402793
60	0.10	773,781	0.773781	0.077378	4.642686
61	0.08	696,403	0.696403	0.052230	3.186043
62	0.15	644,173	0.644173	0.096626	5.990805
63	0.15	547,547	0.547547	0.082132	5.174317
64	0.20	465,415	0.465415	0.093083	5.957308
65	0.20	372,332	0.372332	0.074466	4.840313
66	0.25	297,865	0.297865	0.074466	4.914780
67	0.25	223,399	0.223399	0.055850	3.741934
68	0.15	167,549	0.167549	0.025132	1.709003
69	0.15	142,417	0.142417	0.021363	1.474015
70	1.00	121,054	0.121054	0.121054	8.473806

Average age at retirement

62.976316

Rounded for Schedule SB item
22

63

Plan Name: Pension Plan for the Employees of Government Employees Companies
 EIN / PN: 52-1135801/002
 Plan Sponsor: GEICO
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in interest and mortality, the following assumptions have changed since the prior valuation:

- The assumed plan-related expenses added to the target normal cost were changed from \$8,900,000 in 2017 to \$1,700,000 in 2018 to reflect an expected decrease in the administrative expenses paid from the trust, specifically PBGC variable rate premiums.

Plan Name:	Pension Plan for the Employees of Government Employees Companies
EIN / PN:	52-1135801/002
Plan Sponsor:	GEICO
Valuation Date	January 1, 2018

Schedule SB, Part V
Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2018

Plan Name: Pension Plan for the Employees of Government Employees Companies
 EIN / PN: 52-1135801/002
 Plan Sponsor: GEICO
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V

Statement of actuarial assumptions and methods

Economic Assumptions

Interest rate basis:

- Applicable month October
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	3.92%	1.76%
• Second segment rate	5.52%	3.74%
• Third segment rate	6.29%	4.63%
• Effective interest rate	5.93%	4.28%

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Annual rates of increase:

- Compensation

Representative Rates

Future compensation increase	
Attained Age	Percent Increase
Under 30	5.750%
30 - 34	4.250%
35 - 39	3.750%
40 - 44	3.250%
45 - 49	2.750%
50 - 54	2.500%
55 - 59	2.250%
60 - 64	2.000%
65+	2.000%

- Weighted Average 2.78%
- Future Social Security wage bases 5.00%

Plan Name:	Pension Plan for the Employees of Government Employees Companies
EIN / PN:	52-1135801/002
Plan Sponsor:	GEICO
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan-related expenses

\$1,700,000, based on assumed use of the Alternative method for calculation of the PBGC variable rate premium for the 2018 plan year

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality For non-disabled participants: Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA).

For disabled participants: Same as non-disabled participants.

Termination Rates varying by gender and service.

Representative Termination Rates for Males

Attained Age	Percentage leaving during the year				
	Attained Service				
	0-1	2	3	4	5
20	22.0%	16.0%	14.0%	12.0%	17.6%
25	22.0%	16.0%	14.0%	12.0%	11.9%
30	22.0%	16.0%	14.0%	12.0%	8.2%
35	22.0%	16.0%	14.0%	12.0%	6.4%
40	22.0%	16.0%	14.0%	12.0%	5.0%
45	22.0%	16.0%	14.0%	12.0%	4.3%
50	22.0%	16.0%	14.0%	12.0%	3.3%
55	22.0%	16.0%	14.0%	12.0%	3.3%
60	22.0%	16.0%	14.0%	12.0%	3.3%

Plan Name:
EIN / PN:
Plan Sponsor:
Valuation Date

Pension Plan for the Employees of Government Employees Companies
52-1135801/002
GEICO
January 1, 2018

SCHEDULE SB ATTACHMENTS

Representative Termination Rates for Females

Attained Age	Percentage leaving during the year				
	Attained Service				
	0-1	2	3	4	5
20	24.0%	17.0%	14.0%	12.0%	15.4%
25	24.0%	17.0%	14.0%	12.0%	11.8%
30	24.0%	17.0%	14.0%	12.0%	8.5%
35	24.0%	17.0%	14.0%	12.0%	6.7%
40	24.0%	17.0%	14.0%	12.0%	5.0%
45	24.0%	17.0%	14.0%	12.0%	4.4%
50	24.0%	17.0%	14.0%	12.0%	2.7%
55	24.0%	17.0%	14.0%	12.0%	2.7%
60	24.0%	17.0%	14.0%	12.0%	2.7%

Disability None.

Retirement Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Attained Age	Rate
55	.05
56	.05
57	.05
58	.05
59	.05
60	.10
61	.075
62	.15
63	.15
64	.20
65	.20
66	.25
67	.25
68	.15
69	.15
70+	1.00

Plan Name:	Pension Plan for the Employees of Government Employees Companies
EIN / PN:	52-1135801/002
Plan Sponsor:	GEICO
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Form of payment	For funding calculations, 40% of active participants are assumed to elect a one-time lump sum at termination. For those active participants assumed to defer commencement, 25% of active participants are assumed to elect a lump sum form of payment under the plan when eligible. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality. One-half of married active participants assumed to elect an annuity form of payment are assumed to elect a single life annuity, and one-half are assumed to elect a joint and 50% survivor annuity. All single active employees assumed to elect an annuity form of payment are assumed to elect a single life annuity.
Percent married	80% of eligible participants. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wives three years younger than husbands.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Tax Policy	The actuarial valuation performed for the plan year ending December 31, 2018 is used to determine the maximum deductible contribution for the tax year ending December 31, 2018.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name:	Pension Plan for the Employees of Government Employees Companies
EIN / PN:	52-1135801/002
Plan Sponsor:	GEICO
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2017 plan year, discounted using the effective interest rate for the 2017 plan year.
Benefits not valued	<p>Retroactive payments with interest payable for terminated participants who commence benefits after age 65 are not explicitly valued.</p> <p>All other benefits described in the Plan Provisions section of this report were valued based on discussions with GEICO regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with GEICO and, based on that review, is not aware of any significant benefits required to be valued that were not.</p>

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. The analysis was informed by analysis of historical data and recent trends for CPI, GDP growth, and real returns on the various classes of assets held by the trust.
Rates of increase in Compensation	Assumed compensation increases were based on an experience study conducted in December 2016, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.

Plan Name:	Pension Plan for the Employees of Government Employees Companies
EIN / PN:	52-1135801/002
Plan Sponsor:	GEICO
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan-related Expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.

Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.

Termination

Termination rates were based on an experience study conducted in November 2014, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed termination rates differ by service and gender because of observed differences in termination rates by gender and service.

Retirement

Retirement rates were based on an experience study conducted in November 2014, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Form of payment

The percentage of participants assumed to take lump sums and joint and survivor annuities, and the assumed survivor percentages, are based on expectations of future elections and discussions with GEICO based on analysis of lump sum election experience to date.

Source of Data and Other Information

GEICO furnished participant data as of 1/1/2018. Information on assets, contributions, and plan provisions was supplied by GEICO. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with GEICO, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any such significant event, so no adjustments were made. In consultation with GEICO, the following assumptions were made for missing or apparently inconsistent data element:

Plan Name:	Pension Plan for the Employees of Government Employees Companies
EIN / PN:	52-1135801/002
Plan Sponsor:	GEICO
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

- Certain demographic information (e.g. gender) for participants where it was not requested or provided on the pension census files as of 1/1/2018 was carried forward from previous years' data.
- Certain benefit information (e.g. monthly benefit) for participants where it was not requested or provided on the pension census files as of 1/1/2018 was assumed to be the average benefit amounts of the current year's data.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

The assumed plan-related expenses added to the target normal cost were changed from \$8,900,000 in 2017 to \$1,700,000 in 2018 to reflect an expected decrease in the administrative expenses paid from the trust, specifically PBGC variable rate premiums.

The mortality assumption used to value lump sums to calculate the funding target and target normal cost was updated to the "applicable mortality table" for 2018 under IRC §417(e) provided in IRS Notice 2017-60

Plan Name:	Pension Plan for the Employees of Government Employees Companies
EIN / PN:	52-1135801/002
Plan Sponsor:	GEICO
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V

Summary of Principal Plan Provisions

Plan Sponsor

GEICO

Plan

Pension Plan for the Employees of Government Employees Companies

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1976. The last amendment reflected herein is effective September 1, 2017.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Employee: Any persons employed on a full-time or part-time basis.

- Each Employee who was a Participant on December 31, 1975 will remain a Participant on January 1, 1976. Each other Employee who was employed on December 31, 1975 prior to his 60th birthday will become a Participant on January 1, 1976.
- Each Employee who was a Participant on December 31, 1994 will remain a Participant as of January 1, 1995.
- Each Employee hired on or after January 1, 1995 and before September 1, 2004 will become a Participant on the January 1 of the Plan Year in which he has completed one year of service and attained age 21.

Credited Service

Years of service prior to January 1, 1976 plus years and partial years of service on and after January 1, 1976 and before January 1, 1995, while working full-time. On and after January 1, 1995, years and partial years of service while working full-time or part time. Partial years of service are credited for months in which the Employee is compensated for at least one hour of service. Excluding service prior to the Employee's 21st birthday if hired on or after January 1, 1976.

Vesting Service

The sum of years of service prior to January 1, 1976 and years of service on and after January 1, 1976 in which the Employee completes at least six months of service, excluding service prior to age 18, but not less than would have been credited on December 31, 1975.

Plan Name:	Pension Plan for the Employees of Government Employees Companies
EIN / PN:	52-1135801/002
Plan Sponsor:	GEICO
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Final Average Compensation/Salary

Average of the Earnings paid to a Participant during the 60 consecutive calendar months that produce the highest amount.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month on or after attainment of age 65.

Annual Benefit: the greatest of (a), (b), or (c):

- 2% of Final Average Annual Earnings times Years of Benefit Service (maximum of 25), plus 1% of Final Average Annual Earnings multiplied by Years of Benefit Service between 25 and 35, plus $\frac{3}{4}$ of 1% of Final Average Annual Earnings multiplied by Years of Benefit Service in excess of 35, less 50% of the Primary Social Security Benefit.
- \$240 times Years of Benefit Service.
- The amount payable to the Participant under the Predecessor Plan assuming that his "Base Earnings" on December 1, 1971 remain unchanged to Normal Retirement Date.

Early Retirement Benefit

Eligibility: Age 50 and 15 Years of Vesting Service.

Annual Benefit: The Normal Retirement Income is reduced $\frac{5}{12}$ of 1% for each full month of the first 10 years by which the Early Retirement Date precedes the Normal Retirement Date and reduced actuarially below age 55. The amount of the Normal Retirement Income is based on Years of Benefit Service to the date of retirement and the Primary Social Security Benefit is calculated as follows: The amount that would be payable to the Participant at his Normal Retirement Date determined under provisions of the Federal Social Security Act in effect on the date of termination assuming a constant annual earnings rate to the Normal Retirement Date multiplied by the ratio of Years of Benefit Service at termination to Years of Benefit Service to Normal Retirement Date.

Disability Benefit

Eligibility: 5 Years of Vesting Service.

Annual Benefit: The Normal Retirement Income payable at Normal Retirement Date assuming a constant rate of earnings from date of disability to Normal Retirement Date, and including all years of disability in Years of Benefit Service.

Vested Benefits upon Termination of Service

Eligibility: 5 Years of Vesting Service.

Annual Benefit: The Normal Retirement Income above based on Years of Benefit Service to date of termination and Primary Social Security Benefit calculated as follows: The amount that would be payable to the Participant at his Normal Retirement Date determined under provisions of the Federal Social Security Act in effect on the date of termination assuming a constant annual earnings rate to the Normal Retirement Date multiplied by the ratio of Years of Benefit Service at termination to Years of Benefit

Plan Name:	Pension Plan for the Employees of Government Employees Companies
EIN / PN:	52-1135801/002
Plan Sponsor:	GEICO
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Service to Normal Retirement Date. The vested terminated Participant may elect Early Retirement with at least 15 years of Vesting Service. The Early Retirement Benefit is reduced in the same manner as for active Participants.

Death Benefits for Participants in Active Service

Eligibility: The spouse of any Participant who is entitled to a vested benefit and dies while actively employed or after the termination of employment but before his annuity start date.

Annual Benefit:

- If eligible for Early Retirement, the amount which would have been payable to the spouse had the Participant retired on the first day of the month in which death occurred, having elected a 50% joint and survivor annuity with his spouse named as the survivor. Monthly payments will begin as of the first day of the month following the Participant's death and will continue for the spouse's life. Alternatively, the surviving spouse may elect to defer payments to a date no later than the participant's normal retirement date. If such an election is made the benefit amount will be adjusted to reflect the timing of payments.
- If not eligible for Early Retirement, the amount which would have been payable to the spouse had the Participant terminated on the date he died, survived to his earliest retirement age, retired (having elected a 50% joint and survivor annuity with his spouse named as the survivor) and then died the day after retirement. Monthly payments will begin on what would have been the Participant's earliest retirement date and continue for the spouse's life. Alternatively, the surviving spouse may elect to defer payments to a date no later than the participant's normal retirement date. If such an election is made, the benefit amount will be adjusted to reflect the timing of payments.

The participant's retirement income will be actuarially reduced to reflect the cost of providing the pre-retirement survivor annuity.

Optional Forms of Retirement Income in Lieu of Normal Form

Normal Form:

- Single participant: single life annuity.
- Married participant: actuarially equivalent 50% joint and survivor.

Optional forms: lump sum for participants terminating on or after June 1, 2014, contingent annuitant option or Social Security adjustment option.

Changes in Plan Provisions since Last Actuarial Valuation

The definition of Final Average Compensation/Salary was updated for participants terminating employment on or after September 1, 2017. This amendment had no impact on the valuation

Plan Name:	Pension Plan for the Employees of Government Employees Companies
EIN / PN:	52-1135801/002
Plan Sponsor:	GEICO
Valuation Date	January 1, 2018

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES
EIN: 52-1135801, PN 002

SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2018

Attachment to Form 5500, Schedule H, Line 4 (j)

Description of Investment	Purchase Price	Selling Price	Historical Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Cash Equivalent</u>					
Wells Fargo Government Money Market Fund	\$ 247,481,885		\$ 247,481,885	\$ 247,481,885	
Wells Fargo Government Money Market Fund		\$ 240,036,781	240,036,781	240,036,781	\$ -
<u>Equity Securities</u>					
Apple Inc.		92,051,589	71,585,329	92,051,589	20,466,260
General Motors Company	163,635,933		163,635,933	163,635,933	
Phillips 66		287,442,054	77,101,887	287,442,054	210,340,167
Southwest Airlines	130,702,235		130,702,235	130,702,235	
Suncor Energy Inc	147,824,794		147,824,794	147,824,794	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PENSION PLAN FOR THE EMPLOYEES OF GEICO	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GEICO Corporation	D Employer Identification Number (EIN) 52-1135801	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>		
2	Assets:		
	a Market value.....	2a	1,590,766,543
	b Actuarial value	2b	1,590,766,543
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	3,983	373,785,342
	b For terminated vested participants	3,044	125,383,895
	c For active participants	7,850	727,424,120
	d Total	14,877	1,226,593,357
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.93%
6	Target normal cost	6	48,528,786

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>5/10/2018</u> Date 1707116 Most recent enrollment number 703-258-8000 Telephone number (including area code)
JASON S WILHITE Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 800 NORTH GLEBE ROAD ARLINGTON VA 22203 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	77,078,033
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	77,078,033
10	Interest on line 9 using prior year's actual return of <u>16.63%</u>	0	12,818,077
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		194,766,705
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.12%</u>		11,919,722
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		206,686,427
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	89,896,110

Part III		Funding Percentages	
14	Funding target attainment percentage	14	122.36%
15	Adjusted funding target attainment percentage	15	129.68%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.01%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No			
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 3
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	48,528,786	
b Excess assets, if applicable, but not greater than line 31a	31b	48,528,786	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:		
a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009 ☐ 2010 ☐ 2011

PENSION PLAN FOR THE
EMPLOYEES OF GOVERNMENT
EMPLOYEES COMPANIES

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

Years ended December 31, 2018 and 2017
with Report of Independent Auditors

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

Years ended December 31, 2018 and 2017

	<u>Page</u>
<u>Audited Financial Statements</u>	
Independent Auditor's Report.....	1-2
Statements of Net Assets Available for Plan Benefits.....	3
Statements of Changes in Net Assets Available for Plan Benefits.....	4
Notes to Financial Statements.....	5-14
 <u>Supplemental Schedule</u>	
Schedule of Reportable Transactions.....	15

Independent Auditor's Report

The Board of Directors of GEICO Corporation
Plan Administrator of the Pension Plan for the Employees of
Government Employees Companies
Chevy Chase, Maryland

We have audited the accompanying financial statements of the Pension Plan for the Employees of Government Employees Companies (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for plan benefits as of December 31, 2018 and changes therein for the year then ended, and its financial status as of December 31, 2017 and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of the Schedule of Reportable Transactions for the year ended December 31, 2018 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Johnson Lambert LLP". The signature is written in a cursive, flowing style.

Vienna, Virginia
August 1, 2019

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31,	
	2018	2017
ASSETS		
Cash and cash equivalent	\$ -	\$ 8,664,981
U.S. Government securities (amortized cost of \$0 in 2018 and \$88,788,433 in 2017)	-	88,762,481
Government-sponsored enterprises (amortized cost of \$0 in 2018 and \$1,541,104 in 2017)	-	1,721,620
Corporate bonds (amortized cost of \$0 in 2018 and \$37,416,525 in 2017)	-	42,958,865
Equity securities (cost of \$0 in 2018 and \$764,537,334 in 2017)	-	1,241,302,956
Total Cash and Investments	-	1,383,410,903
Contribution receivable from employer	-	215,000,000
Accrued investment income	-	567,071
Amounts receivable from sales of securities	-	921
Other assets	-	347,950
Total Assets	-	1,599,326,845
LIABILITIES		
Administrative expenses payable	-	950
Amounts payable on purchases of securities	-	201,708
Payable to GEICO	-	44,071
Total Liabilities	-	246,729
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ -	\$ 1,599,080,116

See notes to the financial statements.

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	For the Years Ended December 31,	
	2018	2017
ADDITIONS		
Investment income:		
Interest and dividend income	\$ 22,105,585	\$ 18,618,630
Net change in unrealized appreciation or depreciation of investments and net realized gains and losses on sales of investments:		
U.S. Government securities	(53,364)	(89,818)
Government-sponsored enterprises	(28,866)	(88,028)
Corporate bonds	(1,823,707)	673,392
Equity securities	(182,938,595)	184,985,253
	(162,738,947)	204,099,429
Contribution from employer	-	215,000,000
Total Additions	(162,738,947)	419,099,429
DEDUCTIONS		
Benefit payments to participants	89,008,871	85,786,525
Administrative expenses	1,447,139	8,574,873
Other expenses	430,439	335,967
Total Deductions	90,886,449	94,697,365
CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	(253,625,396)	324,402,064
Transfer out of the Plan	(1,345,454,720)	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS BEGINNING OF YEAR	1,599,080,116	1,274,678,052
END OF YEAR	\$ -	\$ 1,599,080,116

See notes to the financial statements.

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

NOTES TO FINANCIAL STATEMENTS

Years ended December 31, 2018 and 2017

NOTE A: DESCRIPTION OF PLAN

The Pension Plan for the Employees of Government Employees Companies (the Plan) is a defined benefit plan covering substantially all employees of the Government Employees Companies (the Companies), including GEICO Corporation and certain of its subsidiaries, who were hired prior to September 1, 2004. Employees hired after August 31, 2004 are not eligible to participate or accrue benefits in the Plan.

Retirement benefits for participants normally begin at the later of age 65 or 5 years of participation in the Plan. Early retirement benefits may be elected if the participant has attained the age of 50 and has completed at least 15 years of credited service with the Plan. The annual retirement benefit will be equal to 2% of the participant's final average annual earnings multiplied by his years of benefit service to a maximum of 25 years, plus 1% of the participant's final average annual earnings multiplied by his years of benefit service in excess of 25 years, but not in excess of 35 years, plus 3/4% of the participant's final average annual earnings multiplied by his years of benefit service in excess of 35 years, less 50% of his primary social security benefit.

Effective January 1, 2015, the Plan was amended to provide a voluntary lump sum option for all terminations and retirements on or after June 1, 2014. During 2018, payments related to the voluntary lump sum option were made to 251 eligible terminated vested participants in the amount of \$45,494,409. During 2017, payments related to the voluntary lump sum option were made to 276 eligible terminated vested participants in the amount of \$43,782,674.

Effective December 31, 2018, the Plan was merged with the Berkshire Hathaway Consolidated Pension Plan (BHCPP). See Note C for additional information.

Further information about the Plan document, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's (PBGC) benefit guaranty is included in the Summary Plan Description (SPD) of the Pension Plan. Copies of the SPD are available from the Administrative Committee of the Plan.

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting: The Plan maintains its accounting records on the accrual basis in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

Subsequent Events: The Plan has performed an evaluation of subsequent events through August 1, 2019, which is the date the financial statements were available to be issued, and has considered relevant matters in the preparation of the financial statements and notes.

Use of Estimates: Preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalent: The cash equivalent consists of a money market fund. The fair value of the money market fund approximates cost due to the short maturity of the investments underlying the fund.

Investments: Investments are stated at fair value. Investments in U.S. Government securities, government-sponsored enterprises and corporate bonds are valued by a pricing service based upon market prices and observable inputs, and equity securities are valued based upon quoted market prices. The net change in unrealized appreciation or depreciation of investments and the net realized gains and losses on sales of investments are reflected in investment income. Realized gains and losses on sales of investments are determined using highest cost per share during 2018 and average cost per share during 2017. This change in accounting principle resulted from the Plan changing its investment accounting system on January 1, 2018 having no effect on the fair value of investments and no effect on the unrealized and realized gains and losses presented in the financial statements. Investments for which the current fair value has declined below cost are reviewed.

Benefits: Benefits are recorded when paid.

Administrative Services: The Companies provide certain administrative services to the Plan for which no fees are charged. The Companies were reimbursed by the Plan for \$429,723 and \$335,520 of administrative services in 2018 and 2017, respectively.

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

NOTES TO FINANCIAL STATEMENTS – CONTINUED

NOTE C: PLAN MERGER

Effective December 31, 2018, the Plan was merged with the Berkshire Hathaway Consolidated Pension Plan (BHCPP). As of December 31, 2018, the accumulated plan benefit obligations for all participants were merged into BHCPP. Legal control of the Plan assets and liabilities was transferred to the BHCPP on December 31, 2018.

NOTE D: FUNDING POLICY

The Companies have agreed to voluntarily contribute such amounts as are necessary to meet the cost of the benefits payable under the Plan. The contributions of the Companies are made at levels which at a minimum would meet the Employee Retirement Income Security Act of 1974 (ERISA) funding requirements, including amortization of prior service costs, and at a maximum would be based on tax deductible limitations. No contribution was required for 2018 and 2017. The Companies contributed \$215,000,000 on August 31, 2018 for the 2017 Plan year.

NOTE E: PLAN TERMINATION

The Companies have the right under the Plan to discontinue contributions at any time and terminate the Plan. In the event of a termination of the Plan, the net assets of the Plan would be allocated among the participants in accordance with the order of priority as defined in the Plan document. However, in the event of termination of the Plan, the PBGC guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA.

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE F: INVESTMENTS

A three-level hierarchy exists that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the assets or liabilities fall within different levels of the hierarchy, the classification is based on the lowest input that is significant to the fair value measurement of the asset or liability. Classification of assets and liabilities within the hierarchy considers the markets in which the assets and liabilities are traded and the reliability and transparency of the assumptions used to determine fair value. The hierarchy requires the use of observable market data when available. The levels of the hierarchy and those investments included in each are as follows:

Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities traded in active markets. Equity securities are traded on an exchange in active markets and fair values are based on the closing prices as of the balance sheet date.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability and market-corroborated input. Fair values for U.S. government securities, government-sponsored enterprises and corporate bonds are based on price evaluations which incorporate market prices for identical instruments in inactive markets and market data available for instruments with similar characteristics.

Level 3 – Inputs to the valuation methodology are unobservable for the asset or liability and are significant to the fair value measurement.

These valuation techniques involve some level of management estimation and judgment. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used and are reflective of the assumptions that market participants would use in valuing assets or liabilities.

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE F: INVESTMENTS - CONTINUED

The Plan held no investments as of December 31, 2018.

Investments measured at fair value on a recurring basis consist of the following:

	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
<u>December 31, 2017</u>				
U.S. Government securities	\$ -	\$ 88,762,481	\$ -	\$ 88,762,481
Mortgage-backed securities of government-sponsored enterprises	-	1,721,620	-	1,721,620
Corporate bonds:				
Finial Holdings Senior Notes	-	42,958,865	-	42,958,865
Equity securities:				
Airlines sector	156,090,000	-	-	156,090,000
Banking sector	150,808,000	-	-	150,808,000
Energy sector	252,844,655	-	-	252,844,655
Financial sector	77,220,000	-	-	77,220,000
Health care sector	285,807,791	-	-	285,807,791
Manufacturing sector	10,247,500	-	-	10,247,500
Materials sector	36,378,488	-	-	36,378,488
Media sector	200,322,232	-	-	200,322,232
Technology sector	71,584,290	-	-	71,584,290
Total	<u>\$ 1,241,302,956</u>	<u>\$ 133,442,966</u>	<u>\$ -</u>	<u>\$ 1,374,745,922</u>

There were no transfers into (out of) Levels 1, 2 or 3 in 2018 and 2017. The Plan's policy is to recognize all transfers between levels as of the end of the reporting period.

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE G: ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' earnings, as defined under the Plan, using the average earnings for the 60 consecutive months that produces the highest amount. The accumulated plan benefits for active employees are projected based on their earnings as of the valuation date.

Consulting actuaries have estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The Plan had a change in accounting principle that changed the valuation date from December 31 to January 1 because the plan merged into the BHCPP and that plan consistently uses January 1 as its valuation date.

The accumulated plan benefit information as of January 1, 2018 is as follows:

	<u>January 1, 2018</u>
Vested benefits:	
Participants currently receiving payments	\$ 345,582,578
Other participants	<u>749,053,646</u>
	1,094,636,224
Nonvested benefits	<u>5,533,428</u>
Actuarial present value of accumulated plan benefits	<u><u>\$ 1,100,169,652</u></u>

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE G: ACCUMULATED PLAN BENEFITS - CONTINUED

The change in the actuarial present value of accumulated plan benefits for the period beginning January 1, 2017 and ending January 1, 2018 are as follows:

	January 1, 2017 to January 1, 2018
Additional benefits accumulated	\$ 52,556,377
Interest due to decrease in the discount period	74,492,868
Benefits paid	(85,786,525)
Change of assumptions	(5,049,439)
	<hr/>
Increase in actuarial present value of plan benefits	36,213,281
Actuarial present value of accumulated plan benefits, at January 1, 2017	<hr/> 1,063,956,371
Actuarial present value of accumulated plan benefits, at January 1, 2018	<hr/> <u>\$ 1,100,169,652</u>

The traditional credit cost method is used to determine the actuarial present value of accumulated benefits. The significant actuarial assumptions used in the valuation as of January 1, 2018 were a) life expectancy of participants, b) retirement age (actual experience with all participants assumed to be retired by age 70), and c) discount rate (7.0%). The assumed life expectancy of participants at January 1, 2018 was based on the Retired Pensioners Mortality Table (RP-2014) with mortality improvements projected forward from 2006 using the Mortality Improvement Scale (MP-2017). The change of assumptions of \$(5,049,439) in 2017 is primarily due to the changes in mortality assumptions. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE H: FEDERAL INCOME TAX STATUS

The Plan is exempt from federal income taxes in accordance with provisions of the Internal Revenue Code; however, it is subject to federal tax for activities that constitute unrelated business income.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal and state authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Internal Revenue Service (IRS) informed the Plan, by a letter dated November 15, 2017, that the Plan is designed in accordance with the requirements for tax qualification under Section 401(a) of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan's Administrator and the Plan's tax counsel represent that the Plan continues to be designed and operated in accordance with the applicable requirements of the IRC. Accordingly, no provision for income taxes is made in the accompanying financial statements.

NOTE I: RELATED PARTY TRANSACTIONS

At December 31, 2017, the Plan held a Wells Fargo Government Money Market Fund with a fair value of \$227,302. Wells Fargo & Company was the custodian of the Plan's investments and, therefore, qualified as a party in interest.

At December 31, 2017, the Plan held Finial Holdings Senior Notes, 7.125%, due October 15, 2023 with a par value of \$36,766,000. The fair value of the notes at December 31, 2017 was \$42,958,865. Finial Holdings is an indirect wholly-owned subsidiary of Berkshire Hathaway Inc. (Berkshire), the indirect parent company of GEICO Corporation and, therefore, qualified as a party in interest.

Personnel and facilities of the Companies have been used to perform administrative functions for the Plan at no charge to the Plan.

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE J: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to life expectancy, retirement age, salary increases and investment return, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE K: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to Form 5500:

	December 31,	
	2018	2017
Net assets available for plan benefits per the financial statements	\$ -	\$ 1,599,080,116
Benefits payable for lump sum distributions	-	(11,270,377)
Net assets available for plan benefits per the Form 5500	<u>\$ -</u>	<u>\$ 1,587,809,739</u>

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE K: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 -
CONTINUED

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500:

	For the Years Ended December 31,	
	2018	2017
Benefits paid to participants per the financial statements	\$ 89,008,871	\$ 85,786,525
Benefits payable for lump sum distributions at end of year	-	11,270,377
Benefits payable for lump sum distributions at beginning of year	(11,270,377)	(2,475,505)
Benefits paid to participants per Form 5500	<u>\$ 77,738,494</u>	<u>\$ 94,581,397</u>

PENSION PLAN FOR THE EMPLOYEES OF
GOVERNMENT EMPLOYEES COMPANIES
EIN: 52-1135801, PN 002

SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2018

Attachment to Form 5500, Schedule H, Line 4 (j)

Description of Investment	Purchase Price	Selling Price	Historical Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Cash Equivalent</u>					
Wells Fargo Government Money Market Fund	\$ 247,481,885		\$ 247,481,885	\$ 247,481,885	
Wells Fargo Government Money Market Fund		\$ 240,036,781	240,036,781	240,036,781	\$ -
<u>Equity Securities</u>					
Apple Inc.		92,051,589	71,585,329	92,051,589	20,466,260
General Motors Company	163,635,933		163,635,933	163,635,933	
Phillips 66		287,442,054	77,101,887	287,442,054	210,340,167
Southwest Airlines	130,702,235		130,702,235	130,702,235	
Suncor Energy Inc	147,824,794		147,824,794	147,824,794	

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☒ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan PENSION PLAN FOR THE EMPLOYEES OF GEICO	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 12/01/1952
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GEICO CORPORATION ONE GEICO PLAZA WASHINGTON DC 20076-0001	2b Employer Identification Number (EIN) 52-1135801 2c Plan Sponsor's telephone number (301) 986-2185 2d Business code (see instructions) 551112

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Helen White</i>	9/16/19	H. A. WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Jane Stewart</i>	9/17/19	J. C. STEWART
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor PENSION PLAN ADMINISTRATIVE COMMITTEE ONE GEICO PLAZA WASHINGTON DC 20076-0001	3b Administrator's EIN 52-1056924 3c Administrator's telephone number (301) 986-2077																		
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																		
5 Total number of participants at the beginning of the plan year	5 14,878																		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">6a(1) Total number of active participants at the beginning of the plan year</td> <td style="width: 25%; text-align: right;">7,846</td> </tr> <tr> <td>6a(2) Total number of active participants at the end of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6b Retired or separated participants receiving benefits.....</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c Other retired or separated participants entitled to future benefits.....</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d Subtotal. Add lines 6a(2), 6b, and 6c.....</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f Total. Add lines 6d and 6e.....</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1) Total number of active participants at the beginning of the plan year	7,846	6a(2) Total number of active participants at the end of the plan year	0	6b Retired or separated participants receiving benefits.....	0	6c Other retired or separated participants entitled to future benefits.....	0	6d Subtotal. Add lines 6a(2), 6b, and 6c.....	0	6e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0	6f Total. Add lines 6d and 6e.....	0	6g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0	6h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
6a(1) Total number of active participants at the beginning of the plan year	7,846																		
6a(2) Total number of active participants at the end of the plan year	0																		
6b Retired or separated participants receiving benefits.....	0																		
6c Other retired or separated participants entitled to future benefits.....	0																		
6d Subtotal. Add lines 6a(2), 6b, and 6c.....	0																		
6e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0																		
6f Total. Add lines 6d and 6e.....	0																		
6g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0																		
6h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0																		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____