



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

S&amp;DC-INS

For Office Use Only

**-FILED-**

File No.: 6479427

Date Filed: 11/26/2024

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

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

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

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

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

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

**This Space For Office Use Only**

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

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

Connecticut Attorneys Title Insurance Company

Vermont

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

a. Initial Street Address of Principal Executive Office - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
101 Corporate Place	Rocky Hill	CT	06067
b. Street Address of Principal Office in California, if any - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
		CA	
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

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

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

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
Amanda		Garcia	
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
330 N. Brand Boulevard, Suite 700	Glendale	CA	91203

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

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

**5. Insurer Statement**

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

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

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

  
 Signature

Richard Hogan  
 Type or Print Name

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Existence

I, Sarah Copeland Hanzas, Vermont Secretary of State, do hereby certify that according to the records of this office

CONNECTICUT ATTORNEYS TITLE INSURANCE COMPANY

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Oct 01, 2014.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

November 05, 2024

Given under my hand and seal of office, at Montpelier, the State Capital.



Sarah Copeland Hanzas  
Vermont Secretary of State

Business ID: 0297260  
Certificate Number: 2014275489001

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

Oakland

I, RICARDO LARA, Insurance Commissioner of the State of California, do hereby certify that on the date specified herein, **Connecticut Attorneys Title Insurance Company**, a **Vermont** corporation, has arranged to conduct business in California under the operating name **Compass America Title Insurance Company** which is approved and reserved in California for a period of 180 days from the date herein and during the pendency in good faith of an application for Certificate of Authority.

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed my official seal on the day and year specified  
below.

RICARDO LARA  
Insurance Commissioner



*Pretrice M. Curry-Bossett*

By:

Pretrice M. Curry-Bossett  
Senior Legal Analyst  
On Behalf of  
Michael Martinez  
Chief Deputy Commissioner  
March 27, 2024

A foreign or alien corporation must attach this Certificate to its statement and designation to obtain a Certificate of Qualification from the California Secretary of State.

Note: This certificate does not authorize the subject entity to transact business in California unless and until a Certificate of Authority or License has been issued.