

	Secretary of State Statement and Designation by Foreign Insurer Corporation	S&DC-INS
	<p>The corporation is a (check one):</p> <p><input checked="" type="checkbox"/> Foreign Stock Corporation (\$100 Filing Fee)</p> <p><input type="checkbox"/> Foreign Nonprofit Corporation (\$30 Filing Fee)</p> <p>Certified Copy Fee (Optional) - \$5</p> <p>This form must be submitted with:</p> <ul style="list-style-type: none"> A current Certificate of Good Standing issued by the government agency where the corporation was formed. A certificate by the California Insurance Commissioner approving the corporate name. For more information, go to https://www.insurance.ca.gov/. <p><i>Note:</i> 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/.</p>	

For Office Use Only

-FILED-

File No.: 6597770

Date Filed: 2/18/2025

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1. Corporate Name (Go to https://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.)
American Builders Insurance Company	Delaware

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

a. Initial Street Address of Principal Executive Office – Do not enter a P.O. Box 2895 Paces Ferry Road, St 1400	City (no abbreviations)	State	Zip Code
	Atlanta	GA	30339
b. Street Address of Principal Office in California, if any – Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	
c. Mailing Address of Principal Executive Office, if different than item 3a P.O. Box 723099	City (no abbreviations)	State	Zip Code
	Atlanta	GA	31139-0099

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

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

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

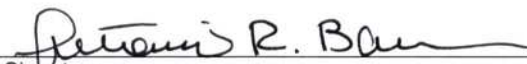
CORPORATION – Complete Item 4c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 4a or 4b Corporation Service Company Which Will Do Business In California As CSC-Lawyers Incorporating Service

5. Insurer Statement

This corporation will be subject to the California Insurance Code as an insurer.
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6. Read and Sign Below (Office or title not required.)
 I am a corporate officer and am authorized to sign on behalf of the foreign corporation.


 Signature

Antonio R. Barner

Type or Print Name

State of Delaware

Department of Insurance

CERTIFICATE OF COMPLIANCE/GOOD STANDING

NAIC Number: 11240

I, Trinidad Navarro, Insurance Commissioner of the State of Delaware, do hereby certify that as of December 31, 2024

AMERICAN BUILDERS INSURANCE COMPANY

was duly organized under the laws of the State of Delaware, and authorized to issue policies and transact the business of insurance under the following Section(s) of Title 18, Delaware code:

Section 904 Property
Section 905 Surety
Section 906 Casualty (a)(1) Vehicle
Section 906 Casualty (a)(2) Liability
Section 906 Casualty (a)(3) Workers Compensation
and Empl Liability
Section 906 Casualty (a)(4) Burglary and Theft

Section 906 Casualty (a)(5) Personal Property
Floater

Section 906 Casualty (a)(6) Glass
Section 906 Casualty (a)(7) Boiler and Machinery

Section 906 Casualty (a)(8) Leakage and Fire
Extinguisher Equipment
Section 906 Casualty (a)(11) Elevator
Section 906 Casualty (a)(15) Miscellaneous
Section 907 Marine and Transportation

AND FURTHER, AMERICAN BUILDERS INSURANCE COMPANY has filed all required documents, paid all applicable fees and taxes, and is in good standing with the Delaware Department of Insurance.



IN WITNESS THEREOF, I have hereunto set my hand and affixed the official seal of this Department at the City of Dover on January 27, 2025.

Trinidad Navarro

Trinidad Navarro
Insurance Commissioner

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN BUILDERS INSURANCE COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN BUILDERS INSURANCE COMPANY" WAS INCORPORATED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4909697 8300

SR# 20244562787

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 205194475

Date: 12-20-24

B3258-2172 02/18/2025 5:00 PM Received by California Secretary of State

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, **American Builders Insurance Company**, a **Delaware** corporation, has arranged to conduct business in California under the operating name **Commercial Builders 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
December 23, 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.