



Secretary of State
Statement and Designation by
Foreign Insurer Corporation

S&DC-INS

For Office Use Only

-FILED-

File No.: B20250018084

Date Filed: 3/3/2025

IMPORTANT - Read Instructions before completing this form.

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

Must be submitted with a certificate by the California Insurance Commissioner approving the corporate name. For more information, go to www.insurance.ca.gov.

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

Certified Copy Fee (Optional) - \$5.00

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

This Space For Office Use Only

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

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

HDI GLOBAL SELECT INSURANCE COMPANY

ILLINOIS

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

a. Initial Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
161 N. CLARK ST., 48TH FL	CHICAGO	IL	60601
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

- 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

Paracorp Incorporated

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

JOSEPH L. MEAGHER, AVP

Type or Print Name

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



WHEREAS, the HDI GLOBAL SELECT INSURANCE COMPANY located at City
of Chicago, County of Cook, in the State of Illinois was incorporated pursuant to the
provisions of the "Illinois Insurance Code" applicable to said Company:

NOW, THEREFORE, I the undersigned, Acting Director of Insurance of the
State of Illinois, do hereby certify the said Company is in compliance with the "Illinois
Insurance Code" and with pertinent Illinois Regulations; and is authorized to transact its
appropriate business as set forth under Clause(s)

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h) of Class 3

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws
thereof.

DEPARTMENT OF INSURANCE of the State
of Illinois;

DATE: January 8, 2025



ANN GILLESPIE
ACTING DIRECTOR OF INSURANCE



Certificate of Compliance

No. 0333-5

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE
OAKLAND

Amended
Certificate of Authority

THIS IS TO CERTIFY *that, pursuant to the Insurance Code of the State of California,*

HDI Global Select Insurance Company

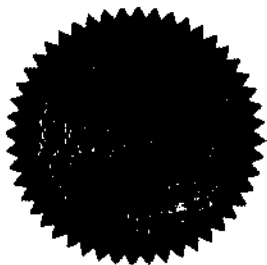
of Illinois, organized under the laws of Illinois, subject to its Articles of Incorporation or other fundamental organizational documents, is hereby authorized to transact within this State, subject to all provisions of this Certificate, the following classes of insurance:

**Fire, Marine, Surety, Plate Glass, Liability, Common Carrier Liability,
Boiler and Machinery, Burglary, Sprinkler,
Team and Vehicle, Automobile, and Miscellaneous**

as such classes are now or may hereafter be defined in the Insurance Laws of the State of California.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of California as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, *effective as of the 18th of November, 2024, I have set my hand and caused my official seal to be affixed this 5th day of February, 2025.*



Ricardo Lara
Insurance Commissioner

By

Audrie Lee
for Michael Martinez
Chief Deputy Commissioner

NOTICE:

Qualification with the Secretary of State must be accomplished as required by the California Corporations Code promptly after issuance of this Certificate of Authority. Failure to do so will be a violation of Insurance Code section 701 and will be grounds for revoking this Certificate of Authority pursuant to the covenants made in the application therefor and the conditions contained herein.