



Secretary of State
Statement and Designation by
Foreign Insurer Corporation

S&DC-INS

For Office Use Only

-FILED-

File No.: 6561147

Date Filed: 1/27/2025

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/>.

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- 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.)

DHI Title Insurance Company

Texas

- 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
10700 Pecan Park Blvd Suite 125	Austin	TX	78750
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**

CT Corporation System

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

Type or Print Name

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, the name **DHI Title Insurance Company, a Texas corporation**, has been approved and the name reserved in California by a **foreign insurer** for a period of 180 days from the date herein and during the pendency in good faith of an application for a Certificate of Authority.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal 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
November 14, 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.

Applicant Company Name: DHI Title Insurance CompanyNAIC No. 16832FEIN 85-1021458

**Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE**

State of Texas
(Domiciliary State of Applicant Company)Office of Department of Insurance
(Commissioner, Superintendent, Officer)I, Andrew Guerrero hereby certify that I am the Director of Company Licensing & Registration *
(Name) (Position)of the State of Texas and have supervision of insurance business in said State and as such,

I hereby certify that

DHI Title Insurance Company
(Name of Applicant Company)

of Austin, Texas is duly organized under the laws of said state and
(City/State)

is authorized to transact the business of

Title

(Lines of Insurance) **

insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)on September 13, 2024


(Signature)

Andrew Guerrero
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA

