



Secretary of State

S&amp;DC-INS

Statement and Designation by  
Foreign Insurer Corporation

For Office Use Only

**-FILED-**

File No.: 6586911

Date Filed: 2/11/2025

The corporation is a (check one):

☒ Foreign Stock Corporation (\$100 Filing Fee)☐ Foreign Nonprofit Corporation (\$30 Filing Fee)

Certified Copy Fee (Optional) - \$5

This form must be submitted with:

- 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/>.

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 <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.)

Pacific Indemnity 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 – <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
1 Beaver Valley Road	Wilmington	DE	19803
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
202B Halls Mill Road	Whitehouse Station	NJ	08889

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) – <b>Do not enter a P.O. Box</b>	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** (Office or title not required.)

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

*Madelyn A Buller*  
Signature

MADELYN A BULLER  
Type or Print Name

# Delaware

The First State

Page 1

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PACIFIC INDEMNITY 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 THIRTIETH DAY OF JANUARY, A.D. 2025.

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



3725567 8300

SR# 20250315320

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, reading "C. P. Sanchez", is written over a horizontal line.

Charuni P. Sanchez, Secretary of State

Authentication: 202817054

Date: 01-30-25

B3338-6116 02/11/2025 5:00 PM Received by California Secretary of State

No. 0896-1

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,

## Pacific Indemnity Company

of Delaware, organized under the laws of Delaware, 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, Disability, Plate Glass, Liability, Workers' Compensation,  
Common Carrier Liability, Boiler and Machinery, Burglary, Credit, Sprinkler,  
Team and Vehicle, Automobile, Aircraft, 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, I have set my hand and affix my official seal to this 20<sup>th</sup> day of August, 2024.



Ricardo Lara  
Insurance Commissioner

Audrie Lee  
for Michael Martinez  
Chief Deputy Commissioner

By

## 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.