

STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE
APPLICATION TO WITHDRAW FROM CALIFORNIA
AS AN UNDERWRITTEN TITLE COMPANY
CDI-060 (Rev. 11/2015)

TO THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA:

The undersigned underwritten title company, incorporated under the laws of the state of California with its home office in the City of SAN ANDREAS in said State, duly licensed as an underwritten title company in the State of California and being desirous of withdrawing as an underwritten title company from the State of California, ~~has entered into a contract with~~ X X X X X X X X X X, an ~~admitted title insurer or another licensed underwritten title company of the City of _____ State of _____~~ whereby said company will assume all of the liabilities, losses, and obligations of ~~Applicant to residents of the State of California.~~ Applicant hereby surrenders for cancellation its California underwritten title company License and requests that the Insurance Commissioner publish its application on the Department of Insurance website, and inform all California residents of its application to withdraw, so that any such residents may comment to the Insurance Commissioner at 45 Fremont Street, 24th Floor, San Francisco, California 94105, within fifteen (15) days from the date of the first publication thereof; and if it shall appear that Applicant has duly discharged all such liabilities or transferred all such liabilities, then Applicant hereby requests to be permitted to withdraw from the State of California pursuant to the provisions of Article 15, Chapter 1, Part 2, Division 1 of the Insurance Code of said State.

Dated at SAN ANDREAS, CA this 3rd day of DECEMBER, 2015.

CALAVERAS TITLE COMPANY
Applicant

By: Rita A. Millsaps
President SECRETARY

By: _____
Secretary

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CALIFORNIA
County of CALAVERAS

On December 3, 2015 before me, DEA ANNE ROBERTSON, NOTARY PUBLIC
(insert name and title of the officer)

personally appeared RITA A. MILLSAPS,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Deanne Robertson (Seal)

