

Please  
Do Not  
Staple

CD

KANSAS SECRETARY OF STATE  
**Insurance Certificate  
of Domestication**

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

## GENERAL FILING INSTRUCTIONS

<b>Filing fee</b>	The filing fee for this document is <b>\$35</b> .
<b>Payment</b>	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. <b>Please do not send cash.</b></p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p><b>Credit card number</b> _____</p> <p><b>Billing zip code</b> _____ <b>Expiration date</b> _____</p> <p><b>NOTICE: There is a \$25 service fee for all returned checks.</b></p>
<b>Daytime phone and contact person</b>	_____
<b>Fax filing available</b>	<p>Documents may be fax filed for a processing fee of <b>\$20 in addition</b> to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to <b>Business Services, 785-296-4570</b>. Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm Central Time cannot be guaranteed to receive that day's filing date.</p> <p>Filed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day return faxing.</p>
<b>No duplicate copies</b>	Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.
<b>No email</b>	We cannot accept any filings by email, except for the MA mailing address change form.
<b>No filing by phone</b>	No documents or reports can be filed with our office by phone.
<b>Public Information</b>	All documents filed with our office are available to the public and may be viewed online at <a href="http://www.sos.ks.gov">www.sos.ks.gov</a> without cost. Please consider this when providing information on our forms. Instructions and payment information are not public information and are shredded after use.

Please  
Do Not  
Staple

**CD  
I**

# CD FORM INSTRUCTIONS

**Note: This form is used when a non-Kansas insurance corporation or mutual holding company in Kansas wants to change its state of origin to Kansas (K.S.A. 40-2,162(a) and (b)).**

**Note: When a Kansas insurance corporation or mutual holding company wants to change its state of origin to another state or country, it files a certificate of redomestication from the Kansas Insurance Commission with our office for a fee of \$35 (K.S.A. 40-2,162(c) and (f)).**

## Question on Form

.....  
**4. Restated articles**

The accompanying restated articles must comply with both K.S.A. 17-6605 concerning restated articles, and be approved by the Insurance Commission prior to filing with the Secretary of State.  
(K.S.A. 40-2,162(f))

.....  
**4. Signature**

The certificate is signed by the appropriate officer or authorized person based on the entity type. Ex: insurance corporations would use an officer, director, or incorporator.

Please  
Do Not  
Staple

CD

KANSAS SECRETARY OF STATE  
**Insurance Certificate  
of Domestication**

Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

(785) 296-4564  
kssos@ks.gov  
www.sos.ks.gov

53-57

THIS SPACE FOR OFFICE USE ONLY.

**1. Name of corporation:**

Must match name on record with  
Secretary of State.

**2. Home state of  
incorporation:**

**3. Principal place of  
business in Kansas:**

(40-2,162(a) and (b))

Must be a street, rural route,  
or highway. A P.O. box is  
unacceptable.

Street Address

City

State

KS

Zip

**4. This is a non-Kansas insurer or mutual holding company transferring its domicile state to Kansas. Included with this certificate are restated articles of incorporation approved by the Kansas Insurance Commissioner. (40-2,162(f))**

**5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.**

(17-7909)

Signature of Authorized Officer (17-7908)

X