



Instructions:
**Insurance Certificate of
Domestication**

Contact:
Kansas Secretary of State, Chris Biggs

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

(785) 296-4564
kssos@kssos.org
www.kssos.org

- 1. Submit this form with the **\$35** filing fee.
- 2. The Insurance Certificate of Domestication must be filed along with Restated Articles of Incorporation to effect an insurance company's redomestication to the state of Kansas.
- 3. Both the Certificate of Domestication and the Restated Articles of Incorporation must be approved by the insurance commissioner as evidenced by the commissioner's stamp of approval before they are filed with the secretary of state.
- 4. The requirements for Restated Articles of Incorporation are stated in K.S.A. 17-6605.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.KSSOS.ORG. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution.*

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INSTRUCTIONS: *All information must be completed or this document will not be accepted for filing.*
Please read instructions sheet before completing.

1. Name of the corporation: <i>Name must match the name on record with the Secretary of State</i>	_____
2. Home state of incorporation:	_____
3. Date of original incorporation:	_____
4. Principal place of business: <i>Address must be a street address A P.O. box is unacceptable</i>	_____ <i>Street Address</i> _____ <i>City State Zip</i>
5. Resident agent and registered office in Kansas: <i>Address must be a street address A P.O. box is unacceptable</i>	_____ <i>Name</i> _____ <i>Street Address</i> _____ Kansas <i>City State Zip</i>

The corporation hereby domesticates itself into Kansas as a Kansas domiciled insurance corporation. The corporation has received approval from the Kansas Insurance Department to domesticate in Kansas, evidenced by the stamp of approval on this certificate.

6. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.

Signature of authorized officer

Date (month, day, year)

Name of signer (printed or typed)