

Please
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CD
53-57

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

<input type="checkbox"/> Filing fee	The filing fee for this document is \$35 .
<input type="checkbox"/> Payment	<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. Please do not send cash.</p> <p>NOTICE: There is a \$25 service fee for all checks returned by your financial institution.</p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p>Credit card number _____</p> <p>Billing zip code _____ Expiration date _____</p>
<input type="checkbox"/> Daytime phone	_____
<input type="checkbox"/> Fax filing available	<p>Documents may be fax filed for a processing fee of \$20 in addition 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 Business Services, 785-296-4570. 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 CT 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>
<input type="checkbox"/> No duplicate copies	Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.
<input type="checkbox"/> No email	We cannot accept any filings by email, except for the MA mailing address change form.
<input type="checkbox"/> No filing by phone	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> Public information	All documents filed with our office are available to the public and may be viewed online at www.sos.ks.gov without cost. Please consider this when providing information on our forms. Instructions and payment information are not public information and are shredded after use.

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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.

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Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

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))

This is the resident agent/
registered office in Kansas

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