

**CD**  
53-57

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

**Kansas Office of the Secretary of State:**

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

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

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this document is <b>\$35</b> .
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Filing</b>	The Insurance Certificate of Domestication must be filed along with Restated Articles of Incorporation to effect an insurance company's domestication to the state of Kansas.
<input type="checkbox"/> <b>Approval</b>	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.
<input type="checkbox"/> <b>Requirements</b>	The requirements for Restated Articles of Incorporation are provided in K.S.A. 17-6605.

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THIS SPACE FOR OFFICE USE ONLY.

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

**1. Name of corporation:**

Must match name on record with Secretary of State.

**2. Home state of incorporation:**

**3. Date of original incorporation:**

Month	Day	Year
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**4. Principal place of business:**

Must be a street address. A P.O. box is unacceptable

Street Address		
City	State	Zip

**5. Resident agent and registered office in Kansas:**

Must be a street address. A P.O. box is unacceptable

Name		
Street Address		
City	State <b>KS</b>	Zip

**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	Month	Day	Year
X			
Name of Signer (Printed or Typed)	Title		