

Instructions for Completing the Statement of Redomestication (Form RDOM-1)

To redomesticate a California insurance corporation to another state, you must file a Statement of Redomestication (Form RDOM-1) with the California Secretary of State.

- Form RDOM-1 is used for when a California insurance corporation has been approved by the California Insurance Commissioner to redomesticate from California to a foreign jurisdiction.
- The redomestication of a California insurer may be effected ONLY if: (1) the laws of the foreign jurisdiction expressly permit the redomestication of the California insurer; and (2) the redomesticating insurer complies with any and all applicable California and foreign laws.
- Form RDOM-1 is required to be submitted with an amended certificate of authority approving the redomestication, issued by the California Insurance Commissioner.
- Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

Fees:

- **Filing Fee:** There is **no fee** for filing a Statement of Redomestication (Form RDOM-1).
- **Faster Service Fee:**

Counter and guaranteed expedite services are available only for documents submitted in person (drop off) to our Sacramento office.

- **Counter Drop Off:** A separate, non-refundable **\$15.00** counter drop off fee is required if you submit in person your completed document at our Sacramento office. The \$15.00 counter drop off fee provides priority service over documents submitted by mail. The drop off fee does not apply to mail submissions. The special handling fee is not refundable whether the document is filed or rejected.
- **Guaranteed Expedite Drop Off:** For more urgent submissions, documents can be processed within a guaranteed timeframe for a non-refundable fee in lieu of the counter drop off fee. For detailed information about this faster processing service through our Preclearance and Expedited Filing Services, go to www.sos.ca.gov/business/be/service-options.

Copies: To get a copy of the filed document, include payment for copy fees when the document is submitted. Copy fees are \$1.00 for the first page and \$.50 for each attachment page. For certified copies, there is an additional \$5.00 certification fee, per copy.

Payment Type: Check(s) or money orders should be made payable to the Secretary of State. **Do not send cash by mail.** If submitting the document in person in our Sacramento office, payment also may be made by credit card (Visa or MasterCard).

Processing Times: For current processing times, go to www.sos.ca.gov/business/be/processing-times.

Type or legibly print in black or blue ink. **Complete the Statement of Redomestication (Form RDOM-1) as follows:**

Item	Instruction	Tips
1.	Enter the name of the corporation exactly as it appears on file with the California Secretary of State including the entity ending, if any (ex: "ABC Corporation" or "Smith Construction Company").	<ul style="list-style-type: none"> • To ensure you have the exact name of the corporation, look to your registration document filed with the California Secretary of State and any name change amendments.

2.	Enter the 7-digit Entity (File) Number issued to the corporation by the California Secretary of State at the time of registration.	<ul style="list-style-type: none"> The 7-digit Entity (File) Number is provided by the Secretary of State above the file stamp at the top of the corporation's registration document filed with the California Secretary of State. Secretary of State Records can be accessed online through our Business Search at BusinessSearch.sos.ca.gov. While using the Business Search, be sure to identify your corporation correctly including the jurisdiction that matches your corporation. Active corporations, inactive corporations and corporations from foreign jurisdictions registered with our office may have the same or similar name.
3.	This statement is required and may not be altered.	
4.	This statement is required and may not be altered.	
5.	This statement is required and may not be altered.	<ul style="list-style-type: none"> The Secretary of State cannot file this Statement of Redomestication unless an amended certificate of authority approving the redomestication, issued by the California Insurance Commissioner, is attached to the Statement of Redomestication.
6.	Enter the name of the redomesticated entity that will be used in the foreign jurisdiction.	
7.	Enter the new state of domicile for the redomesticated entity.	<ul style="list-style-type: none"> This is the state to which the insurer is redomesticating (the specified state must match the jurisdiction on the included amended certificate of authority issued by the California Insurance Commissioner).
8.	Enter the name and address for the insurer's agent for service of process in the foreign jurisdiction.	<ul style="list-style-type: none"> An Agent for Service of Process is responsible for accepting legal documents (e.g. service of process, lawsuits, other types of legal notices, etc.) on behalf of the insurer. Do not enter the name and address of the insurer's California agent for service of process.
Signature	Sign and type or print the name of the person authorized to sign for the insurer. Do not use a computer-generated signature.	<ul style="list-style-type: none"> If you need more space for signatures: <ul style="list-style-type: none"> Place the additional signatures on only one side of a standard letter-sized piece of paper (8 1/2" x 11") clearly marked as an attachment to Form RDOM-1 and attach the extra page(s) to the completed Form RDOM-1. All attachments are part of this document.

Mail Submission Cover Sheet (Optional): To make it easier to receive communication related to **this document**, including receipt of the copy of the filed document, complete the Mail Submission Cover Sheet. For the Return Address: enter the name of a designated person and/or company and the corresponding mailing address. Please note the Mail Submission Cover Sheet will be treated as correspondence and will not be made part of the filed document.

Where to File: Completed forms along with the applicable fees, if any can be mailed to Secretary of State, Business Entities Filings Unit, P.O. Box 944260, Sacramento, CA 94244-2260 or delivered in person (drop off) to the Sacramento office, 1500 11th Street, 3rd Floor, Sacramento, CA 95814. This form is filed only in the Sacramento office.

Legal Authority: Statutory filing requirements are found in California Corporations Code section [201.6](#) and California Insurance Code section [709.5](#).



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Do not include a \$15 counter fee when submitting documents by mail.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, visit www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

Contact Person: (Please type or print legibly)

First Name: _____ Last Name: _____

Phone (optional): _____

Entity Information: (Please type or print legibly)

Name: _____

Entity Number (if applicable): _____

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [_____]

Company:

Address:

City/State/Zip: [_____]

Secretary of State Use Only	
T/TR:	
AMT REC'D:	\$



**Secretary of State
Statement of Redomestication
(California Insurer Only)**

RDOM-1

IMPORTANT — Read Instructions before completing this form.

Must be submitted with a certificate of authority issued by the California Insurance Commissioner. **See Instructions.**

There is **No Fee** for filing a Statement of Redomestication

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

Above Space For Office Use Only

Redomesticating Entity Information

<p>1. Redomesticating Entity Name (Enter the exact corporation name on file with the Secretary of State.)</p>	<p>2. 7-Digit Secretary of State Entity (File) Number</p>
<p>3. The redomesticating insurer is authorized to carry out the redomestication under California law and the jurisdiction to which the insurer is redomesticating.</p>	
<p>4. The redomesticating insurer has complied with the requirements to redomesticate as required by California law and the jurisdiction to which the insurer is redomesticating.</p>	
<p>5. The Insurance Commissioner has approved the redomestication of the insurer and a copy of the amended certificate of authority, evidencing the approval of the Insurance Commissioner, is attached to this statement of redomestication.</p>	

Redomesticated Entity Information

<p>6. Redomesticated (Foreign) Entity Name (Enter the name that the entity will use in the foreign jurisdiction.)</p>	<p>7. Jurisdiction (Enter the new state of domicile.)</p>		
<p>8. Name and street address in the foreign jurisdiction of the redomesticated insurer’s agent for service of process</p>			
<p>a. Agent’s First Name / Entity Name</p>	<p>Middle Name</p>	<p>Last Name</p>	<p>Suffix</p>
<p>b. Street Address</p>	<p>City (no abbreviations)</p>	<p>State</p>	<p>Zip Code</p>

Signature

The information is true and correct and I am authorized to sign on behalf of the corporation.

Signature

Type or Print Name