

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

Redomestication of a Foreign (Non-Domestic) Insurer State Requirement reference chart when selecting a new domiciliary state

* [see reference chart or contact state for additional information or exceptions](#)

Other = For detail information see state specific requirements.

New Domestic State	Principal Place of Business or Stat. Home Office in State	Physical Presence Required	Complete Records located in State	Agent for Service of Process Required	Public Notice of Intent	Amend Articles	Min/Max no. of Directors	Citizenship Required in U.S. or Canada	Oath of Office Required	Resolution by Board of Directors	Director's Required Residency	Approval from Current Domestic State	Hearing Required	Issue New Certificate of Authority	Policy Form Approval
AL	Yes	Yes*	Yes*	Yes	No	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No
AK	Yes	No	Other	Yes	No	Other	No	No	No	No	Yes	No	No	Yes	Yes
AZ	Yes	No	No	Yes	No	Yes	Yes	No	No	Yes	No	Yes	No	Yes	Other
AR	Yes	Yes	No	Yes	No	Yes	No	No	No	No	Yes	Yes	No	Yes	Yes
CA	Yes	No	No	Yes	No	Yes	Other	Other	No	Yes	Other	Yes	No	Yes	Other
CO	No	No	Other	Yes	No	Yes	No	No	No	No	Yes	Yes	No	Yes	No
CT	Yes	Yes*	Yes*	Yes	No	Yes	No	No	No	Yes	No	Yes	No	Yes	Yes
DE	Yes	No	No	Yes	No	Yes	Yes	No	No	Yes		Yes	No	Yes	No
DC	No	Yes	Yes	Yes	No	Yes	Yes	Other	No	Yes	Yes	Yes	No	No	No
✓FL	Yes	Yes*	Yes*	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Other	No	Other
GA	Yes	No	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
HI	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes
ID	Yes	Yes*	Yes*	Yes	No	Yes	Yes	Other	No	Yes	Yes	Yes	No	Yes	Other
IL	Yes	Yes*	Yes*	No	No	Yes	Other	Yes	No	Yes	Yes	Yes	No	Yes	Yes
IN	Yes	Yes*	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
IA*	Yes	Yes	Other	Yes	No	Yes	No	No	No	No	Yes	Yes	No	Yes	No
KS	Yes	No	No	Yes	No	Yes	Yes	Other	Yes	Yes	Other	Yes	No	Yes	Yes
KY	Yes	Yes*	Other	Yes	No	Yes	No	No	No	No	Yes	Yes	No	Yes	Other
LA	Yes	Yes*	Yes*	Yes	No	Yes	No	No	Yes	No	Yes	Yes	No	Yes	Other
ME	Yes	No	No	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Other
MD	Yes	Yes*	Yes*	Yes	No	Yes	No	No	No	No	Yes	Yes	No	No	No
MA	Yes	No	No	Yes	No	Yes	No	No	No	Yes	No	Yes	No	Yes	No
MI	Yes	Yes*	Yes*	No	No	Yes	No	Yes	No	No	Yes*	Yes	No	Yes	Yes
MN	No	No	No	No	No	Yes	Yes	No	No	Yes	No	Yes	No	Yes	No
MS*	Yes	No	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	Yes	Other
MO	Yes	Yes*	No	No	Yes	Yes	No	No	No	No	Yes	Yes	No	Yes	Other
✓MT	Yes	Yes*	Other	Yes	No	Yes	Yes*	No	No	No	No**	No	No	Yes	No
NE	No	Yes*	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Other
NV	Yes	Yes	Yes*	Yes	No	Yes	Yes	No	No	Yes	Other	Yes	Other	Yes	Other

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NC	Yes	Yes*	Other	No	No	Yes	No	No	No	Yes	No	Yes	No	Yes	Other
ND	Yes	No	No	Yes	No	Yes	No	No	No	No	No	Yes	No	Yes	Other
OH	Yes	No	No	Yes	No	Yes	No	No	No	Yes	Yes	Yes	No	Yes	Other
OK	Yes	No	No	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes
OR	Yes	Yes*	Yes*	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes
PA	Yes	Yes*	Other	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
RI	Yes	Yes*	Other	No	No	Yes	No	No	No	Yes	Other	Yes	Other	Yes	Yes
SC	Yes	Yes*	Yes*	Yes	No	Yes	No	No	No	Yes	No	Yes	No	Yes	No
SD	Yes	Yes*	Yes*	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No
TN	Yes	Yes*	Yes*	Yes	No	Yes	No	No	No	Yes	No	Yes	No	Yes	No
TX	Yes	No	Yes*	No	No	Yes	No	No	No	Yes	Yes	Yes	No	Yes	Yes
UT	Yes	No	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
VT	Yes	Yes*	No	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	Yes	Yes
VA	No	No	No	Yes	No	Other	No	No	No	Yes	Other	Yes	No	Yes	Yes
WA	Yes	Yes*	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No*	Yes	Yes	Yes	Yes
WV	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	Yes	No	Yes	Yes
WI	No	No	No	Yes	No	Yes	No	No	No	No	No	Yes	No	Yes	No
WY	Yes	Yes*	Yes*	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Other	Yes	Yes