



REDOMESTICATION APPLICATION (OUT OF OHIO)

When An Ohio domestic insurer desires to redomesticate to another state, the insurer must submit to the State of Ohio, Department of Insurance, Office of Financial Regulation Services a copy of the completed UCAA-Corporate Amendments application, as submitted to the proposed new state of domicile. To the extent not addressed in the UCAA-Corporate Amendments application, the following documents or information must also be submitted with the answers to any questions under oath by the president or chief executive officer of the Company:

1. Provide a letter or order from the proposed new domiciliary state Department of Insurance approving the redomestication from Ohio or stating that approval is contingent upon Ohio's approval of the redomestication.
2. Indicate the statutory, business and mailing address and statutory and business telephone numbers before and after redomestication.
3. Submit a copy of the amendments to the Company's Articles of Incorporation reflecting redomestication, certified by the new state of domicile.
4. Submit a copy of amendments to the Company's corporate bylaws reflecting redomestication, certified by the Company's Corporate Secretary.
5. Submit a Uniform Service of Process form.
6. Provide a copy of the Company's current Certificate of Authority in the proposed new state of domicile, if licensed there prior to the redomestication.
7. Provide drafts of any proposed policy endorsements concerning the redomestication. A policy endorsement should indicate the Company's new principal place of business and inform policyholders of the redomestication.
8. Explain the business rationale for the Company's redomestication.
9. Describe how policyholders will be affected by the redomestication and how policies will be affected by the redomestication.
10. Discuss the anticipated impact on Ohio jobs and Ohio's economy.
11. Describe any financing required for the redomestication, including the amount of such financing, the source and the proposed use of such funds.
12. Describe any dividends, changes to financial condition or other material transactions contemplated to occur prior to or immediately following the redomestication.
13. Describe any plans for material changes in the structure of the Company, the nature of its business or its management.

14. Will the name of the Company change coincident with or immediately following the redomestication?

15. Indicate whether any director, officer, or other representative of the Company will receive any fee, commission, other compensation or other valuable consideration whatsoever, for aiding, promoting or assisting in the redomestication in any manner.

Arrangements must be made with at (614) 644-3267 regarding any anticipated changes in Ohio deposits.

Following the redomestication, the Company should also provide the Department with originally executed copies of any policy endorsements, plus a copy of the Company's new Certificate of Authority issued by its new state of domicile.

Once the Superintendent of Insurance approves the redomestication by Order and Journal Entry, a copy of the Order and Journal Entry will be sent to the Company. Upon receipt of the Order, the Company must coordinate the effective date with the new state of domicile and then file the Order with the Secretary of State of Ohio. After filing, the Company must file a copy with our office, certified by the Secretary of State. The redomestication will not be effective until the Secretary of State's certification is received by this Department and a certified confirmation of the effective date is received from the new state of domicile. The effective date will then be the effective date certified by the new state of domicile.

The Superintendent of Insurance expressly reserves the right to request further information or documentation. Subsequent amendments or modifications to any submitted documentation must be promptly provided to the Office of Financial Regulation Services.

The Company forfeits the franchise tax for the year in which it was paid. All premiums written in Ohio during the year in which the redomestication takes place will be assessed at the foreign insurance company premium tax rate.

The filing fee for this type of transaction is \$2,500.00. Please include your payment to the Ohio Department of Insurance when the redomestication application is filed. Submit your application to:

Ohio Department of Insurance
Office of Risk Assessment
50 W. Town Street, Third Floor
Columbus, OH 43215