



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Division of Insurance
Financial Affairs Section / Analytical Unit 0576
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243
(615) 741-1633

SampleDate

Sample Insurance Company
CoContact
Address1
City, ST ZIP

**RE: REDOMESTICATION OF Sample Insurance Company (NAIC# 99999)
FROM / TO / [States]**

To Whom It May Concern:

This Division has been notified of the change of domicile of the above referenced company. The following items must be filed to amend the Company's Certificate of Authority:

PLEASE PROVIDE	ITEM
<input type="checkbox"/>	Copy of the Redomestication approval granted by the CurrentDomState Department of Insurance, or a statement of No Objection.
<input type="checkbox"/>	<i>(TN Co Moving out of TN)</i> A statement saying either the company intends to continue to conduct business in Tennessee (as a foreign company) or alternately a statement indicating the company intends to surrender its Tennessee authority altogether.
<input type="checkbox"/>	Redomestication approval granted by the NewDomStDepartment of Insurance, bearing original (not photocopied) certification.
<input type="checkbox"/>	Amended Articles of Incorporation, bearing original (not photocopied) certification by the state.
<input type="checkbox"/>	Certificate of Compliance issued by the NewDomSt, bearing original (not photocopied) certification.
<input type="checkbox"/>	Certificate of Deposit issued by the NewDomSt, bearing original (not photocopied) certification. Additional requirements may apply.
<input type="checkbox"/>	NAIC Uniform Consent to Service of Process form: The form and the Board Resolution must bear original (not photocopied) certification.
<input type="checkbox"/>	The original Certificate of Authority issued to Sample Insurance Company by the Tennessee Division of Insurance, or an Affidavit of Lost or Misplaced Certificate.
<input type="checkbox"/>	The company's new statutory address.
The Company will be billed the fee for amending the Company's Certificate of Authority which is the greater of ninety dollars (\$90.00) or Retaliatory, prior to the completion of this process.	

Please provide an e-mail address. Should you have any questions, feel free to contact me at (615) 741-1633.

Regards,