S&DC-INS	**Statement and Designation by Foreign Insurer Corporation**

To qualify an **insurer** corporation from another state or country to transact intrastate business in California, fill out this form, and submit for filing along with:

- A **$100** filing fee,
- A certificate of good standing, issued within the last six (6) months by the agency where the corporation was formed, and
- A certificate by the California Insurance Commissioner approving the corporate name. For more information, go to www.insurance.ca.gov.
- A separate, non-refundable **$15** service fee also must be included, if you **drop off** the completed form.

Important! Corporations in California may have to pay a minimum $800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

Corporate Name (List the exact name of the corporation, as shown in the certificate of good standing. **If** the name of the corporation is not available for use in the State of California, the corporation must qualify under an assumed name. E.g., "[list the exact name] which will do business in California as [list the proposed assumed name]." For general corporate name requirements and restrictions in California, go to www.sos.ca.gov/business/be/name-availability.htm.)

① _____

_____

Corporate History

② State or foreign country where this corporation was formed: _____

Service of Process (List a California resident or a California registered corporate agent that agrees to be your agent to accept service of process in case your corporation is sued. You may list any adult who lives in California. You may **not** list your own corporation as the agent. **Do not** list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)

③ a. _____
Agent's Name

b. _____ **CA** _____
*Agent's Street Address (if agent is **not** a corporation) - Do not list a P.O. Box* | *City (no abbreviations)* | *State* | *Zip*

The corporation named in Item 1 above irrevocably consents to service of process directed to it upon the agent designated above, and to service of process on the California Secretary of State if that agent or that agent's successor is no longer authorized to act or cannot be found at the address given.

Corporate Addresses

④ a. _____
Street Address of Principal Executive Office - Do not list a P.O. Box | *City (no abbreviations)* | *State* | *Zip*

b. _____ **CA** _____
Street Address of Principal Office in California, if any - Do not list a P.O. Box | *City (no abbreviations)* | *State* | *Zip*

c. _____
Mailing Address of Principal Executive Office, if different from 4a or 4b | *City (no abbreviations)* | *State* | *Zip*

Insurer Statement

⑤ This corporation will be subject to the California Insurance Code as an insurer.

Read and sign below: This form must be signed **by an officer** of the foreign corporation.

▶ _____ _____ _____
Sign here | Print your name here | Your officer title

Make check/money order payable to: **Secretary of State**

Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a $5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944260
Sacramento, CA 94244-2600

Drop-Off
Secretary of State
1500 11th Street, 3rd Floor
Sacramento, CA 95814

Clear Form Print Form