ALASKA DIVISION OF INSURANCE LICENSING SECTION

Merger Acquisition or Purchase Form

Business Entity Name					License #
Legal Business Type					
□ Corporation □ LLP □ Sole	Proprietorsh	air	LLC □ Partnership		
Business Assumed					FEIN
Assumed, Merged, or Purchased by					Effective Date*
Address Where Records Will Be H	Held				
Street		City		State	Zip Code
Mailing Address					
Street		City		State	Zip Code
icense. The new entity is not authorized t n Alaska until a new license is obtained.	O transact busii	iess	the business entity that was required to cancel the li		cquired, or purchase
Certification I hereby certify under penalty of perjury complete and I am aware that submittin this application is grounds for license or	g false informat	ion or d	mitting pertinent or materi	al informatior	n in connection with
Signature (of Compliance Officer if Busin	uess Entity)	 Na	me		lonth/Day/Year)