AUTOMOBILE SERVICE CORPORATIONS

AUTOMOBILE SERVICE CORPORATION NAME: ______Certificate of Authority Number: _____

REQUIRED FILINGS IN THE STATE OF: ALASKA Filings Made During the Year 2024

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5) DUE DATE	(6) FORM SOURCE	(7) APPLICABLE NOTES
		**	Domestic	Foreign		5001101	
		I. FINANCIAL STATEMENTS					
	1	Unaudited Financial Statement	1	1	3/1	Company	Note K
	2	Quarterly Financial Statement	1	XXX	5/15, 8/15, 11/15	Company	Foreign: File only if required by director
		I. AUDITED FINANCIAL STATEMENTS					
	3	Audited Financial Statement	1	1	6/1	Company	Can be filed by 3/1 in lieu of unaudited Financial Statement
		II. STATE REQUIRED FILINGS					
	4	Annual Premium Tax Payment			3/1	State	Note D
	5	Annual Premium Tax Report	1	1	3/1	State	Note B
	6	Bond Continuation Certificate	1	1	Annually when last certificate expires	Other	
	7	Designation of Persons to Contact	1	1	ONLY IF CHANGED	State	ONLY IF CHANGED
	8	Designation of Person to Receive Service of Process	1	1	ONLY IF CHANGED	State	ONLY IF CHANGED
	9	Filings Checklist (with Column 1 completed)	XXX	XXX	xxx	State	For corporation use only
	10	Quarterly Estimated Premium Tax Payments			5/31, 8/31, 11/30	State	Note L
	11	Quarterly Premium Tax Reports	1	1	5/31, 8/31, 11/30	State	Note L
	12	State Filing Fees Payments			3/1	State	Note C

*If xxx appears in this column, this state does not require this filing,

**Alaska Administrative Code 3 AAC 21.485 - Filings required for an automobile service corporation.

	NOTES AND INSTRUCTIONS					
А	Required Filings Contact Person:	Rebecca Nesheim, Tax Auditor (907) 465-2584 rebecca.nesheim@alaska.gov				
В	Mailing Address:	Corporation Financial Filings: (not including Tax Report)	Chief Financial Examiner Alaska Division of Insurance 550 West 7 th Avenue, Suite 1560 Anchorage, AK 99501-3567			
		Annual Premium Tax Report:	Required: OPTins			
С	Mailing Address for Filing Fees:	Required to pay via OPT <i>ins</i> through the NAIC. The Annual Premium Tax Report includes the \$100 Annual Statement Filing Fee and \$2,250 Certificate of Authority Continuation Fee. Fees must be paid by the Automated Clearing House (ACH) payment method.				
D	Mailing Address for Premium Tax Payments:	Required to pay via OPT <i>ins</i> through the NAIC. Taxes must be paid by the Automated Clearing House (ACH) payment method. OPT <i>ins</i> requires payment to be received before being released to the state.				
Е	Delivery Instructions:	All filings must be submitted no later than indicated due date. If due date falls on a weekend or holiday, then the deadline is extended to the next business day. Required is to file annual premium tax report via OPT <i>ins</i> through the NAIC.				
F	Late Filings and Payments:	ngs Penalty: \$100.00 for each day the equired and within the time established to the esignee is as given in the checklist and these				
	Late Tax Payment Penalty: \$50 per month plus five percent of the month or part of a month up to a maximum of \$250 plus 25 percent and interest of one percent per month or part of a month. If not pai Automated Clearing House payment method, a penalty of 25 percen- due, with a minimum of \$100 and maximum of \$2,000.					
G	Original Signatures:	Two original signatures of officers required on all filings for domestic corporations. Facsimile accepted for foreign corporations.				
Η	Amended Filings:	Amended filings must be filed within 30 days of completion along with an explanation of the amendment and submitted in the same format to the same address as the original filing.				
Ι	Exceptions from normal filings:	Letter to Chief Financial Examiner, Alaska Division of Insurance, 550 W. 7 th Avenue, Suite 1560, Anchorage, AK 99501-3567				
J	Filings new, discontinued or modified materially since last year:	OPT <i>ins</i> requires payment to be received before filing and payment will be released to the state. Filed date will be based upon when released to the state.				
K	Unaudited Financial Statement	Example: I,(printed name), (printed name), attached Financial Statements have b				
L	Quarterly Tax Reports and Estimated Tax Payments:	quarterly tax payments throughout 20 late payments.	the insurer is required to make estimated 024, required via OPTins . See Note F for			
М	Division of Insurance Web Site:	www.insurance.alaska.gov				
Ν	Due Date Extensions for Filings:	No extensions allowed. Filings are to	be submitted by the due date.			

General Instructions

For Corporations to Use Checklist

Alaska does not want to receive a copy of the checklist.

Column (1) (Checklist)

Corporations may use the checklist to identify what documents the state requires. Alaska does not want a copy of this checklist.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic corporation is required to file for each type of form.

Column (5) (Due Date)

Indicates the date on which the corporation must file the form.

Column (6) (Form Source)

This column contains one of three words: "State," "Company" or "Other." If this column contains "State," the state will make the forms available online with the filing instructions. If this column contains "Company," the corporation, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions. If the column says "Other" the form must be obtained from other required source.

Column (7) (Applicable Notes)

This column contains references to the Notes and Instructions that apply to each item listed on the checklist. The corporation should carefully read these notes <u>before</u> submitting a filing.