State of Alaska Department of Commerce, Community, and Economic Development Division of Insurance 550 West Seventh Avenue, Suite 1560 Anchorage, Alaska 99501-3567 (907) 269-7900

ATTORNEY-IN-FACT LICENSE APPLICATION

Applicable only to attorneys-in-fact operating Reciprocal Insurers licensed under AS 21.75.

Effective January 1, 1994, a change in Alaska statutes requires that attorneys-in-fact be licensed under AS 21.75.045. Licensure is required for a person acting in the capacity of attorney-in-fact for a subscriber regarding a subject that is resident, located, or to be performed in this state or for a reciprocal insurer licensed to do business in this state. The attorney-in-fact for a domestic reciprocal insurer transacting all of its insurance activities on a subject resident, located, and to be performed in this state is exempt from licensing if the attorney-in-fact.

- (1) is a wholly-owned subsidiary of the reciprocal; and
- (2) does not act as attorney-in-fact for another unaffiliated reciprocal insurer.

An attorney-in-fact is defined as a person designated and appointed by the subscribers of a reciprocal insurer to act for and bind the subscribers in transactions relating to or arising out of the operations of a reciprocal insurer, subject to the limitations that may be lawfully provided. (AS 21.90.900)

The attorney-in-fact license is an organizational license. An individual employed by an attorney-in-fact organization is not required to be separately licensed.

INSTRUCTIONS

- 1. Please read all instructions before filling out the application form.
- 2. All forms must be completed and filed together in order to insure rapid processing of your license. (Be certain that all forms are notarized, sealed, and signed as required.)
- 3. Once licensed by the State of Alaska, you are required to notify the division by certified mail within 30 days of any of the following occurrences:
 - change in officer, director, partner, principal, or manager;
 - change in mailing address;
 - change in telephone number;
 - suspension or revocation of an insurance license by another state or jurisdiction; and
 - conviction of a misdemeanor or felony of the attorney-in-fact, its officers, directors, partners, owners, or employees.
- 4. Per AS 21.75.100, a \$100,000 attorney-in-fact bond is required.

LICENSE FEES (NEW AND ANNUAL RENEWAL)

Resident Attorney-in-fact, \$200 Nonresident Attorney-in-fact, \$500

REGISTRATION RENEWALS

The attorney-in-fact license shall be renewed each year by the attorney-in-fact when the annual statement of the reciprocal insurer is filed with the division under AS 21.75.130.

FORM FILING REQUIREMENTS FOR ATTORNEYS-IN-FACT

- Application Form 08-1248.
- License Fee. (Please make check payable to the Division of Insurance.)
- □ The names, mailing addresses, physical addresses, official positions and professional qualifications of persons who are responsible for the conduct of affairs of the attorney-in-fact, including the members of the board of directors, board of trustees, executive committee or other governing board or committee, the principal officers in the case of a corporation or the partners or members in the case of a partnership or association, shareholders holding directly or indirectly 10 percent or more of the voting securities of the attorney-in-fact and any other person who exercises control or influence over the affairs of the attorney-in-fact.

- Certified financial statements for the prior two years prepared by an independent certified public accountant that establish that the applicant is solvent, that the applicant's system of accounting, internal control and procedure is operating effectively to provide reasonable assurance that money is promptly accounted for and paid to the person entitled to the money.
- Designation of an officer, partner, or principal responsible for the firm's compliance with the insurance statutes and regulations of this state and completion of Form 08-1247 (Designation of Compliance Officer).
- For a nonresident applicant only, an original Certificate of License Status for the attorney-in-fact if such license is required in the state of domicile. The Certificate of License Status must be received by the Alaska Division of Insurance within 90 days of issuance.

If all filing requirements to obtain your license are not met within four months of receipt of your license forms, new license forms must be filed.

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Batch No.:				
Approved By:				
Lic. No.:				

ATTORNEY-IN-FACT LICENSE APPLICATION

MUST BE TYPED

1	NAME OF ATTO	RNEY-IN-FACT				
2	BUSINESS ADDRESS – If both addresses are the same, please so note, otherwise both addresses must be completed.					
	A) PHYSICAL Avenue/Suite			B) MAILING Box/Street/Room Number/Suite		
	City	State	Zip Code	City	State	Zip Code
3	TELEPHONE NU	JMBER				
5	Business			Fax No.		
4	TYPE OF BUSIN		ited Partnership	Business Cor		
	OWNERS: Indic another jurisdiction	ate if they are or h	nave been licens e numbers. (Atta	PRS, PARTNERS, PR sed/registered with the ach a separate sheet, Where	e Alaska Division if necessary.)	of Insurance or
5	professional qual including the me governing board members in the c or more of the v influence over th who are member other way connect	ifications of persor embers of the bo or committee, the case of a partnersh roting securities of e affairs of the att rs of the subscribe cted to the attorney NDIVIDUALS NA	ns who are responsed of director e principal offici ip or association the attorney-ir orney-in-fact. I ers advisory con trin-fact MED ABOVE I	g addresses, physical onsible for the conduct s, board of trustees ers in the case of a n, shareholders holdin i-fact and any other p nclude persons listed mmittee as described	t of affairs of the executive com corporation or g directly or indir berson who exer above. Do not in AS 21.75.170	attorney-in-fact, mittee or other the partners or rectly 10 percent cises control or include persons 0 who are in no

6	HAS THE ATTORNEY-IN-FACT EVER BEEN L Yes No If yes, give date last license registration number.	d/registered, type of license/registration, and license/
	COMPLIANCE OFFICER	
7	Name First Mark all that apply:	Middle Last Partner Principal
8	QUESTION 7?	R USED A NAME OTHER THAN THAT SET OUT IN
9	RESIDENCE ADDRESS OR PERSON NAME please so note, otherwise both addresses must b A) PHYSICAL Avenue/Suite	 D IN QUESTION 7 – If both addresses are the same, be completed. B) MAILING Box/Street/Room Number/Suite
10	City State Zip Code TELEPHONE NUMBER Residence	
11	PERFORM THE ADMINISTRATIVE FUNCTION experience possessed by all individuals acting in	INS THAT EXHIBIT THE ABILITY TO COMPETENTLY IS OF AN ATTORNEY-IN-FACT. Please list all relevant the name of the attorney-in-fact.
12		name of the attorney-in-fact had any claims made on a lo If yes, please give details.

	Has anyone acting in the name of the attorney-in-fact had a fidelity bond denied, cancelled, \Box Yes \Box No If yes, please give details.	or revok	ed?
12			
13	During the last 10 years, has anyone acting the name of the attorney-in-fact been refused a occupational, or vocational license by a governmental licensing agency or regulatory author such license held ever been suspended or revoked? Yes No If yes, please give	ity, or h	as any
14	Has anyone acting in the name of the attorney-in-fact ever been an officer, director, truster committee member, key employee, or controlling stockholder of any insurance or fin organization which, while occupying such position or capacity, became insolvent, was supervision, receivership, rehabilitation, liquidation or conservatorship, or had a certificate license to do business suspended or revoked? Yes No If yes, please give detain	ancial placed	related under
15	 Has any individual acting in the name of the attorney-in-fact as an officer, director, controllin or manager been a subject of any of the following: (a) Has an insurance license/registration: suspended?revoked?revoked?refused by this or any other state? (b) Had a fine or other action taken by this or any other insurance department? (c) Have any criminal charges pending? (d) Have ever been convicted of a felony? (e) Have ever surrendered a license/registration or withdrawn an application in order to avoid disciplinary action? (f) Have ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to any information or indictment charging a felony; or charging a misdemeanor involving embezzlement, theft, larceny, or 	YES	holder, NO
	 mail fraud; or charging a violation of any corporate securities statute or any insurance law; or have been subject to any disciplinary proceedings of any federal or state regulatory agency?		

	By signature below, I certify that I understand that the applicant cannot act as an attorney-in-fact in state of Alaska until the license herein applied for is granted.						
	I have read and understand the Alaska statutes relevant to acting as an attorney-in-fact for a reciprocal insurer.						
	I certify under penalty of perjury that I have read the foregoing application and know the contents thereof and that each statement therein made if full, true, and correct. I understand that pursuant to AS 21.75.045(3), any false statement may subject me to penalties as provided by law and denial, nonrenewal, suspension, or revocation of the license herein applied for.						
16	Signature of Principal/Manager	Title					
	Executed this day of	, 20	at	_			
			•				
	SUBSCRIBED AND SWORN to before me this	day of		,2	20		
		Notary Publ	ic				
		My Commis	sion Expires:				
				(NOTARY	SEAL)		
	AUTHORIZAT	ION AND RE	LEASE				
	I,(full name of Principal/Manager, type or print), having filed this application with the Alaska Division of Insurance, hereby authorize and consent to having investigation made as to my moral character, professional reputation, and fitness for licensure. I agree to provide any further information as may be required in reference to my past record or about the attorney-infact organization applying for licensure. In addition, I hereby authorize and consent to having any of the information presented herein or any information which should be presented herein investigated by the division.						
	I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of documents, records or other information pertaining to me to furnish to the Alaska Division of Insurance any such information; including documents, records, insurance department files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Alaska Division of Insurance or any of its agents or representatives to inspect and make copies of such documents, records, and/or other information.						
17	In accordance with AS 21.06.165, I hold harmless persons furnishing information pursuant to this release.						
17	NOTARIZATION						
	State of) ss.						
	I affirm that I have read the foregoing and fully consent to all statements contained therein.						
	SUBSCRIBED AND SWORN to before me this	-	re of Applicant		, 20		
	(NOTARY SEAL)	Notary Publ My Commis	ic sion Expires:				