

Alaska Division of Insurance

RISK RETENTION GROUP REGISTRATION FORM

Original Amendment

Please submit all requested materials, including registration fee, to the address listed below. You will be notified by letter when your firm has been registered. **Please be advised that you cannot transact the business of insurance in the State of Alaska until the registration has been accepted.**

Send to:
 Alaska Division of Insurance
 550 West Seventh Avenue, Suite 1560
 Anchorage, Alaska 99501-3567
 P: (907) 269-7900 • F: (907) 269-7912

Part I.

Exact name of Risk Retention Group (RRG)			
RRG Phone	RRG Email	NAIC #	FEIN
State of Domicile		Date of Charter or License	
Physical Address - Home Office			
Mailing Address - Home Office			
Physical Address - Business			
Mailing Address - Business			
Principal Contact	Email	Phone	Fax
Principal Contact Mailing Address if different from Business Mailing Address			
All states in which the RRG is operating, licensed, or chartered as an insurer			
Lines of business the RRG intends to offer			

Part II. Explanation of Membership Criteria

Part III. All Directors and Principal Officers

Name	Physical Address	Mailing Address

I am attaching the names of additional directors and principal officers AND their physical and mailing addresses.

Part IV. Agents, Brokers, or Surplus Lines Brokers

All persons acting or offering to act as Agents, Brokers, or Surplus Lines Brokers for the RRG who will transact business in the State of Alaska

Name AND Firm Name	Physical Address	Mailing Address	Type of License Held AND State Issuing License

Part V. A copy of the following documents must be submitted with this form.
Please check each item to indicate that it is attached.

<input type="checkbox"/>	1. Plan of operations including all revisions submitted to the RRG's state of domicile
<input type="checkbox"/>	2. Plan of feasibility study including all revisions submitted to the RRG's state of domicile (Must include rates, limits, deductibles, and classifications)
<input type="checkbox"/>	3. Complete and latest financial statement submitted to the RRG's state of domicile and certified by an independent public accountant
<input type="checkbox"/>	4. A statement of opinion on the RRG's reserves for loss and its reserves for loss adjustment expenses prepared by a member of the American Academy of Actuaries or by another qualified specialist in such reserves
<input type="checkbox"/>	5. Each examination of the RRG, certified by the commissioner or other public officer conducting the examination. If no examination has been conducted or if one is pending, submit a statement to that effect, signed by an officer of the RRG, in its place.
<input type="checkbox"/>	6. The completed NAIC – UCAA Uniform Service of Process available at www.naic.org under UCAA
<input type="checkbox"/>	7. Application fee of \$1,000 made payable to State of Alaska, Division of Insurance.

I hereby certify that I am authorized to sign for, and on behalf of the Risk Retention Group. I also certify that all the information submitted pursuant to this form is complete, true and correct. (This form must be signed and notarized.)

Name and title (Please type or print)

Signature

Executed this _____ day of 20____, at _____

Subscribed and Sworn to before me this _____ day of 20____, at _____

(SEAL)

Notary Public

My Commission Expires _____