Division of Insurance P.O. Box 110805 Juneau, Alaska 99811-0805

TO BE COMPLETED BY THE OFFICIAL HAVING SUPERVISION OF INSURANCE IN THE STATE OF DOMICILE OF

(Name of Company)		
	(Address)	
1	The aforementioned company is applying for admission to the State of Alaska and seeks authority write the lines of insurance shown below. The names of each line are those used in the insurance of the State of Alaska, Title 21, Chapter 12.	
	1 6	
	2 7	
	3 8	
	4 9	
	5 10	
2	Applicant is a company, it is authorized to	o write
	each of the above classes in Section A of this state except	
3	A like-Alaska company applying for authority to write the same classes of business in this state we required to have:	old be
	Paid up capital\$	
	Surplus over all liabilities\$	
	Surplus to policyholder including capital stock\$	
	A deposit in Alaska\$	
	A deposit in this state\$	

4	A like-Alaska company would be required to pay taxes, fees, and other charges as follows: Fees for admission (itemized)*
	Annual renewal fees (itemized)*
	Premium taxes (state basis of computation in detail)*
	All other charges, taxes, and fees, including capital stock tax, fire marshal's tax, etc.* (state kinds, bases of computation, and dates payable).
	A bond would be required of a like-Alaska company in the amount of \$ for the purpose of guaranteeing in accordance with section of the laws of this state.
5	Signed at Yours truly,

^{*}AS 21.09.270 Retaliatory Provisions