

# Alaska Designation of Persons to Contact

The Alaska Department of Commerce, Community and Economic Development, Division of Insurance is requesting the following information to better deliver correspondence to the right person within your company. These addresses are maintained as public information and are provided to the public upon request. Electronic notification will be the main method of communication from the Division of Insurance so it is imperative that an email is provided. If there has been an address or contact person change, please fill out the following pages that apply to your company:

<b>Company Name:</b>	
<b>NAIC#:</b>	
<b>FEIN:</b>	
<p>NOTE: It is the responsibility of the insurer to keep this information current per statute AS 21.09.245. Failure to notify within 90 days after effective date of the change may be subject to a penalty of \$1,000 plus \$50 per day the information is withheld from the director.</p> <p><b>This form is completed by (image of signature is acceptable):</b></p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Name:</b> _____ <b>Title:</b> _____</p> <p><b>Phone:</b> _____ <b>Email:</b> _____</p>	

<b>General Mail</b>	
For all other correspondence not described below	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>Regulatory Compliance</b>	
Contact person for receiving regulatory notices or answering questions of compliance with statute	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>Annual Statement</b>	
A contact person responsible for answering questions in the completion of the annual statement	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>External Health Care Review (Primary Contact)</b>	
The primary contact person responsible for the external health care review process	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>External Health Care Review (Secondary Contact)</b>	
The secondary contact person responsible for the external health care review process	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>Premium Tax Statement</b>	
A person for state departments to contact regarding issues of payment of premium tax	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>Consumer Affairs / Public Contact</b>	
A person for the public to contact	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>Company Licensing and Fees</b>	
A person for state departments to contact regarding issues of company licensing and payment of license fees	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>Complaints — DOI Contact (Primary Contact)</b>	
A person for state departments to contact regarding issues of company licensing and payment of license fees	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>Complaints — DOI Contact (Secondary Contact)</b>	
A person for state departments to contact regarding issues of company licensing and payment of license fees	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

**Complaints — Policyholder Matters**

A contact person for state consumer complaint staff to contact for resolution of complaints filed with the state department on policyholder or contract matters

**Attention:****Address 1:****Address 2:****Address:****Email:****Phone:****Complaints — Producer Matters**

A contact person for state consumer complaint staff to contact for resolution of complaints filed with the state department on producer or sales matters

**Attention:****Address 1:****Address 2:****Address:****Email:****Phone:****Complaints — Claims Matters**

A contact person for state consumer complaint staff to contact for resolution of complaints filed with the state department on claims matters

**Attention:****Address 1:****Address 2:****Address:****Email:****Phone:****Deposits**

A person for state departments to contact regarding statutory deposits

**Attention:****Address 1:****Address 2:****Address:****Email:****Phone:**

<b>Health Survey Contact</b> A contact person for information on the Alaska annual health survey or questions about survey response	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>U.S. Legal Counsel for Aliens</b> A person for state departments to contact	
<b>Attention:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

**Press button to return form by email:  
([insurance@alaska.gov](mailto:insurance@alaska.gov))**