

State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Insurance  
550 West 7<sup>th</sup> Avenue, Suite 1560, Anchorage, Alaska 99501-3567

**Application for Listing On the  
List of Eligible Surplus Lines Insurers  
(Alien Insurers not on the Quarterly Listing of Alien Insurers)**

Original                       Amendment

The answers to the following will need to be amended as soon as practicable in the event of any changes.

1. Name of Insurer: \_\_\_\_\_
2. Legal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Country of Domicile: \_\_\_\_\_
5. Date of Formation: \_\_\_\_\_
6. United States Counsel (or representative)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Lines of Authority the company is authorized to conduct in its domiciliary country:  
\_\_\_\_\_
8. U.S. Trust Fund:  
Trustee: \_\_\_\_\_  

(Include the Name of the Trust Officer Responsible for the Account)

Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Valuation: \_\_\_\_\_



**Eligible Surplus Lines Insurers**  
**Required Forms and attachments**  
**(Alien Insurers not on the Quarterly Listing of Alien Insurers)**

In order for an insurer to be an eligible surplus lines insurer on the white list in Alaska it must have capital and surplus of at least \$15,000,000 and maintain in a solvent United States bank an irrevocable trust in an amount of not less than \$2,500,000 for the protection of all of its policyholders and creditors.

The following forms and attachments need to be included with the submission:

1. Form 08-1241b, Application for Listing
2. Application fee of \$1,000. (make checks payable to the Alaska Division of Insurance)
3. Copy of the Trust Agreement Certified Copy of Articles of Incorporation
4. Certification of Trust in the amount of at least \$2,500,000
5. Copy of the Bylaws
6. List of Officers and Directors
7. Biographical Affidavits of Officers and Directors including employment history and insurance affiliations
8. Form 08-253, Appointment of the Director of Insurance as Attorney for Service of Process
9. Form 08-254, Designation of Person to Receive Service of Process
10. Plan of Operation
11. Document of Lines of Authority insurer is authorized to write in domiciliary country
12. Copy of the latest annual statement by a certified auditor. The statement must be in English with the monetary amount in U.S. dollars. If possible, include statements for the past three years.

If you have any questions, please contact Jeffery Bethel at [jeffery.bethel@alaska.gov](mailto:jeffery.bethel@alaska.gov) or (907) 269-7919.