



"Strengthening competitive insurance markets while protecting Alaskans."

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Insurance

InsuranceLicensing@Alaska.Gov

Website: Insurance.Alaska.Gov

Tel: 907.465.2515 • Fax: 907.465.3422

Juneau Physical Address:
State Office Building, 9th Floor
333 Willoughby Avenue
Juneau, AK 99811

Juneau Mailing Address:
Division of Insurance
PO Box 110805
Juneau, AK 99811

Anchorage Office:
(Physical and Mailing Address)

Division of Insurance
Robert B. Atwood Building
550 W 7th Avenue, Suite 1560
Anchorage, AK 99501

Tel: 907.269.7900
Fax: 907.269.7910

Compliance Officer Change Form

Only one Compliance Officer (Designated Responsible Producer) may be named per license class and that compliance officer must hold the same lines of authority as the business entity for that class.

There is no fee associated with this form for a timely filing.

AS 21.27.025 requires you to notify the Division within 30 days of a change in a Compliance Officer.

Late fees are calculated in accordance with 3 AAC 31.060 miscellaneous fees.

PART 1 Licensee Information

Business Entity Name:		NPN:	
Prior Compliance Officer:		NPN:	
New Compliance Officer:		NPN:	
Effective Date of Change:			

PART 2 Class of Authority

Select the class of authority you will be compliance officer for.

Only one compliance officer may be named per license class and the compliance officer must hold the same lines of authority as the business entity for that class.

- | | |
|---------------------------------|------------------------------------|
| Insurance Producer | Viatical Settlement Representative |
| Independent Adjuster | Viatical Settlement Broker |
| Surplus Lines Broker | Third-Party Administrator |
| Managing General Agent | Reinsurance Intermediary Broker |
| Motor Vehicle Contract Provider | Reinsurance Intermediary Manager |
| Limited: _____ | |

PART 3

Certification

This form must be signed by the **new** compliance officer taking over for the firm.

I hereby certify under penalty of perjury, that all the information submitted in this application and attachments is true and complete and I am aware that submitting false information, or omitting pertinent, or material information, in connection with this application is grounds for license or registration revocation and may subject me to civil and/or criminal penalties. Submit this form to the Division by email at: InsuranceLicensing@Alaska.Gov

NEW Compliance Officer Signature:

Date:
