

State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Insurance
 550 West Seventh Avenue, Suite 1560
 Anchorage, Alaska 99501-3567
 (907) 269-7900

DESIGNATION OF ATTORNEY-IN-FACT COMPLIANCE OFFICER

MUST BE TYPED

INSTRUCTIONS: Pursuant to AS 21.75.045, the attorney-in-fact must designate an officer, partner, or principal as compliance officer, who is responsible for the firm's compliance with the insurance statutes and regulations of this state.

This form must be completed and filed 1) when applying for a new attorney-in-fact license; 2) when the previously named compliance officer ceases to act in that capacity.

Failure to comply with this filing requirement within the established 30-day deadline will result in a monetary penalty as outlined below and may result in suspension or revocation of the firm's registration.

\$50 1-60 days late \$100 61-120 days late \$200 More than 120 days late

1	<p>I, _____, being duly cautioned, am the (mark one): <input type="checkbox"/> officer <input type="checkbox"/> partner <input type="checkbox"/> principal of _____ (Name of attorney-in-fact)</p> <p>acting for _____ (Name of reciprocal insurer)</p> <p>Alaska Statute (AS) 21.75.045(c)(6) requires this form to be mailed certified to the Director Insurance within 30 days of a change in the designated compliance officer.</p> <p>I understand that this affidavit is necessary because the above named attorney-in-fact has designated me as responsible for the firm's compliance with the insurance statutes and regulations for the State of Alaska.</p> <p>I understand that as compliance officer of the firm, I must notify the Director of Insurance, in writing, by certified mail within 30 days of any of the following occurrences:</p> <p>Change in officer, director, partner, principal, or manager; change in mailing address; change in telephone number; suspension or revocation of an insurance license by another state or jurisdiction; and conviction of a misdemeanor or felony of the attorney-in-fact, its officers, directors, partners, owners, or employees.</p> <p>I have read and understand the Alaska statutes relevant to transacting the business of a reciprocal insurer under AS 21.75.</p>						
2	<p>I certify under penalty of perjury that I have read the foregoing application and know the contents thereof and that each statement therein made is full, true, and correct. I understand that pursuant to AS 21.75.045(3), any false statement may subject me to penalties as provided by law and denial, nonrenewal, suspension, or revocation of the license herein applied for.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ Signature of Compliance Officer </td> <td style="width: 50%; border: none;"> _____ Signature of Principal/Manager (Only required if not the same person designated as compliance officer) </td> </tr> <tr> <td style="border: none;"> _____ Title </td> <td style="border: none;"> _____ Title </td> </tr> </table> <p>Executed this _____ day of _____, 20____ at _____ City or Town State</p> <p>SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;"> _____ Notary Public My Commissions Expires: _____ </td> <td style="width: 20%; border: none;"> _____ </td> </tr> </table> <p style="text-align: right;">(NOTARY SEAL)</p>	_____ Signature of Compliance Officer	_____ Signature of Principal/Manager (Only required if not the same person designated as compliance officer)	_____ Title	_____ Title	_____ Notary Public My Commissions Expires: _____	_____
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