

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

**Application for Listing On the
List of Eligible Surplus Lines Insurers
(U.S. Domestic Companies)**

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. Address: _____

City: _____ State: _____ Zip: _____
3. State of Domicile: _____
4. NAIC No. _____ FEIN: _____
5. General Contact information
Name of contact: _____
Address: _____

City: _____ State: _____ Zip: _____
E-mail address: _____
Phone: _____
6. Lines of Authority the company is authorized to conduct in its domiciliary state:

CERTIFICATION

**The undersigned deposes that they have duly executed the application for listing
Dated _____ for and behalf of _____ and that they are
_____ of such insurer, and has authority to execute and file said
(Title of officer)
application and is familiar with its contents. The facts set forth therein are true to
the best of their knowledge and belief.**

Signature **Type or print name** **Date**

**Eligible Surplus Lines Insurers
Required Forms and attachments
(U.S. Domestic Insurers)**

In order for an insurer to be an eligible surplus lines insurer in Alaska to be included on the white list it must be an admitted insurer in at least one state and have and maintain basic capital and surplus equal to that required in its domiciliary state or \$15,000,000, whichever is greater.

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

1. Application for Listing, Form 08-1241a
2. Certificate of Compliance from the Company's State of Domicile
3. The Company's latest Annual Statement. This can be in hardcopy or electronic if electronically filed with the NAIC
4. Service of Process NAIC/UCAA Form 12

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