



"Strengthening competitive insurance markets while protecting Alaskans."

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Insurance

Email: Insurance@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

Annual Certification Form

The Annual Certification of Information System Security under Alaska Statute (AS) 21.23.260(f) requires insurers to submit by February 15 of each year an annual statement to the Director certifying compliance with AS 21.23.250 and AS 21.23.260. Records and other documentation requirements are also outlined in this section. The annual certification notification to the Director shall be reported in this electronic form which will be available on the Alaska Division of Insurance's website. Submit the completed form to: insuranceinvestigations@alaska.gov

PART 1 Insurer Information

Name of Insurer:	
NAIC CoCode:	

PART 2 Certification

I hereby certify that this insurer is in compliance with the requirements of AS 21.23.260(f).

I hereby acknowledge that for examination purposes that we shall maintain all records, schedules, and data supporting this certificate for a period of five years.

To the extent an insurer has identified areas, systems, or processes that require material improvement, updating, or redesign, the insurer shall document the identification and the remedial efforts planned and underway to address such areas, systems, and/or processes.

Such documentation shall be available for inspection by the Director of Insurance.

I subscribe and affirm, under penalty of perjury, that the statements made in this form have been examined by me and to the best of my knowledge and belief are true, correct, and complete, and that I am duly authorized to execute this affirmation.

Printed Name:	
Title:	
Contact Email:	
Phone Number:	

Signature:

Date: