



**BULLETIN B 26-03**

**TO: ALL INSURERS AUTHORIZED TO TRANSACT HEALTH INSURANCE  
BUSINESS IN THE STATE OF ALASKA AND OTHER INTERESTED PARTIES.**

**RE: ANNUAL SURVEY ON HEALTH INSURANCE**

Alaska Statute 21.06.110 requires the director to annually report “statistical information regarding health insurance, including the number of individual and group policies sold or terminated in the state” and “the annual percentage of health claims paid in the state that meets the requirements of AS 21.36.495(a) and (d).” As in prior years, all insurers licensed to transact health insurance business in Alaska must respond with a completed survey. Please note that **stop-loss insurance is considered health insurance in Alaska**. Therefore, stop-loss insurance must be reported on this survey.

For 2026, the division will continue to use the web-based application. The survey and instructions are posted on the division’s website at:

<https://www.commerce.alaska.gov/web/ins/HealthInsuranceSurvey.aspx>.

If your company reported no direct premiums or paid claims on their annual statement, **email the division at [insinfo@alaska.gov](mailto:insinfo@alaska.gov) by May 1, 2026**, as described below.

The division also reminds health care insurers that they must annually file a certificate of compliance regarding grievances per 3 AAC 28.932(e)(1). Bulletin B 18-10 notified insurers and described the process of submitting a certificate of compliance related to utilization review procedures (3 AAC 28.916) annually in SERFF by May 1. The division will also accept this required document as an email attachment submitted to [insinfo@alaska.gov](mailto:insinfo@alaska.gov) by May 1, 2026.

All companies that report any direct premiums or paid claims in the annual statement must submit a survey, and unless otherwise described in the instructions for out-of-state policies, the direct premiums and paid claims must match the annual statement data. If your company does not report the foregoing, simply respond by sending an e-mail to the division at [insinfo@alaska.gov](mailto:insinfo@alaska.gov) with “**NO DATA TO REPORT**” in the body of the e-mail along with contact information. Include the full company name and NAIC number in the subject line.


In completing the survey, please take care to review and follow the survey instructions. The information provided in this survey is used in analyzing the health insurance market in Alaska, and summary data from the survey is reported to the Alaska legislature and to the public. It is critical that you provide accurate information. Before submitting your survey form in the web application, please verify that the premium and claim data balance to the premium and claim data reported in the National Association of Insurance Commissioners Annual Statement State Page for Alaska or **explain the difference**, as described in the survey instructions.

The bulletin and survey are available on the Internet, and the survey must be completed in the web application and submitted electronically. To access this survey on the Internet, go to the Alaska Division of Insurance web page at:

<https://www.commerce.alaska.gov/web/ins/HealthInsuranceSurvey.aspx>.

If you have questions regarding the survey or instructions, emails can be sent to [insinfo@alaska.gov](mailto:insinfo@alaska.gov) or Chelsy Maller at [chelsy.maller@alaska.gov](mailto:chelsy.maller@alaska.gov).

Dated April <sup>7</sup>\_\_\_\_\_, 2026

Signed by:  
  
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Heather Carpenter  
Director