CLARIFYING THE DEFINITION OF INDIVIDUAL LIFE INSURANCE FOR PURPOSES OF DETERMINING THE PREMIUM TAX RATE

ADDITIONAL REGULATIONS NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Division of Insurance, Department of Commerce, Community, and Economic Development

2. General subject of regulation: Individual Life Insurance

3. Citation of regulation (may be grouped): 3 AAC 21.580

4. Department of Law file number, if any: ____________________________

5. Reason for the proposed action:
   ( ) Compliance with federal law or action (identify)
   ( ) Compliance with new or changed state statute
   ( ) Compliance with Federal or state court decision (identify)
   (✓) Development of program standards
   ( ) Other (identify): ____________________________________________


7. Estimated annual costs in the aggregate to comply with the proposed action to:
   A private person: None are anticipated.
   Another state agency: None are anticipated.
   A municipality: None are anticipated.

8. Cost of implementation to the state agency and available funding (in thousands of dollars):

<table>
<thead>
<tr>
<th>Initial Year</th>
<th>Subsequent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Cost</td>
<td>$0</td>
</tr>
<tr>
<td>Capital Cost</td>
<td>$0</td>
</tr>
<tr>
<td>1002 Federal receipts</td>
<td>$0</td>
</tr>
<tr>
<td>1003 General fund match</td>
<td>$0</td>
</tr>
<tr>
<td>1004 General fund</td>
<td>$0</td>
</tr>
<tr>
<td>1005 General fund/program</td>
<td>$0</td>
</tr>
<tr>
<td>Other (identify)</td>
<td>$0</td>
</tr>
</tbody>
</table>

9. The name of the contact person for the regulation:
   Name: Jackson Willard
   Title: Regulations Specialist II
   Address: Division of Insurance
10. The origin of the proposed action:
   ✓ Staff of state agency
   ___ Federal government
   ___ General public
   ___ Petition for regulation change
   ___ Other (identify)

11. Date: 2/22/2011     Prepared by: [signature]

   Name (printed): Jackson Willard
   Title (printed): Regulations Specialist II
   Telephone: (907) 465-8486