



"Strengthening competitive
insurance markets while
protecting Alaskans."

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND
ECONOMIC DEVELOPMENT

Division of Insurance

InsuranceLicensing@Alaska.Gov

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Compliance Officer Change Form

Only one Compliance Officer (Designated Responsible Producer) may be named per license class and that compliance officer must hold the same lines of authority as the business entity for that class.

There is no fee associated with this form for a timely filing.

AS 21.27.025 requires you to notify the Division within 30 days of a change in a Compliance Officer.

Late fees are calculated in accordance with 3 AAC 31.060 miscellaneous fees.

PART 1 Licensee Information

Business Entity Name:		NPN:	
Prior Compliance Officer:		NPN:	
New Compliance Officer:		NPN:	
Effective Date of Change:			

PART 2 Class of Authority

Select the class of authority you will be compliance officer for.

Only one compliance officer may be named per license class and the compliance officer must hold the same lines of authority as the business entity for that class.

Insurance Producer

Independent Adjuster

Surplus Lines Broker

Managing General Agent

Motor Vehicle Contract Provider

Limited: _____

Viatical Settlement Representative

Viatical Settlement Broker

Third-Party Administrator

Reinsurance Intermediary Broker

Reinsurance Intermediary Manager

PART 3**Certification**

This form must be signed by the **new** compliance officer taking over for the firm.

I hereby certify under penalty of perjury, that all the information submitted in this application and attachments is true and complete and I am aware that submitting false information, or omitting pertinent, or material information, in connection with this application is grounds for license or registration revocation and may subject me to civil and/or criminal penalties. Submit this form to the Division by email at: InsuranceLicensing@Alaska.Gov

NEW Compliance Officer Signature:

Date: