

Compliance Officer (Designated Responsible Producer) Change Form

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|--------------------------|-----------|------------------------|-----------------|
| Business Entity Name | | License # | Effective Date* |
| Prior Compliance Officer | License # | New Compliance Officer | License # |

*The date the change took place, not the date the form was completed.

Class of Authority

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

| | | |
|---|---|---|
| <input type="checkbox"/> Insurance Producer | <input type="checkbox"/> Managing General Agent | <input type="checkbox"/> Third-Party Administrator |
| <input type="checkbox"/> Independent Adjuster | <input type="checkbox"/> Viatical Settlement Representative | <input type="checkbox"/> Reinsurance Intermediary Broker |
| <input type="checkbox"/> Surplus Lines Broker | <input type="checkbox"/> Viatical Settlement Broker | <input type="checkbox"/> Reinsurance Intermediary Manager |
| <input type="checkbox"/> Limited _____ | | <input type="checkbox"/> Motor Vehicle Contract Provider |

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.

Third-Party Administrators

- Alaska residents - complete Part II of the Alaska TPA application with \$300 application fee.
- Nonresident TPAs - file the change through NIPR.com.

Late Fees

AS 21.27.025 requires you to notify the division within 30 days of a change in compliance officer. Late fees are payable to the State of Alaska.

- 1 to 60 days late \$50.00
- 61 to 120 days late \$100.00
- More than 120 days late \$200.00

Certification

I hereby certify under penalty of perjury, that all of 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 or criminal penalties.

Compliance Officer Signature

Name

Date (Month/Day/Year)