ALASKA DIVISION OF INSURANCE LICENSING SECTION

Name Change Form

. Tarric Cirari	50 1 01 111					
Name on License						License #
Please complete the s	section(s) that apply to	your change.				
□ New Individu	al License Name					
Last Name		First Name			Middle Name	
Effective Date*	Reason for Change	2			1	
	new name in your insurar					
Name Name					Incorporation/Formation Date	
Effective Date*	Prior FEIN New FEIN			Reaso	on for Change	
□ Add □ Remov Effective Date*	DBA (Doing Business As) Name DBA Name					
*Date DBA name was fir	rst used in Alaska insuran	ce business				
DBA • A DBA name cannot be has a separate FEIN.	Viatical Settlement Providers An original bond (or bond rider) that reflects the new name must be filed if applicable.					
• AS 21.27.010(d) requires a licensee's legal name and fictitious or alias name to be reflected on the license. • If you qualify to transact business as an individual and intend to conduct business using the above DBA name, your signature in the "Certification" section affirms the following statement: "I intend to solicit and transact business under the DBA name referenced above without representing an entity required to be licensed as a Business Entity, as defined under AS 21.97.900 (17)."			Late Fees			
			AS 21.27.025 requires you to notify the division within 30 days of a name change. 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						
complete and I am aw	penalty of perjury, that al are that submitting false i unds for license or registra	information or o	omitting pertin	ent or ma	terial inform	ation in connection with
Signature (of Complian	nce Officer if Business Ent	 city) Na	ime		<u></u> Da	te (Month/Day/Year)