

Name Change Form

Name on License	License #
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Please complete the section(s) that apply to your change.

New Individual License Name

Last Name	First Name	Middle Name
Effective Date*	Reason for Change	

*Date you began using new name in your insurance business

New Business Entity License Name

Name			Incorporation/Formation Date
Effective Date*	Prior FEIN	New FEIN	Reason for Change

*Date the business entity name changed in its home state

Add **Remove DBA (Doing Business As) Name**

Effective Date*	DBA Name
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*Date DBA name was first used in Alaska insurance business

DBA

- A DBA name cannot be used if it is the name of an entity that has a separate FEIN.
- 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).”

Viatical Settlement Providers

An original bond (or bond rider) that reflects the new name must be filed if applicable.

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

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.

Signature (of Compliance Officer if Business Entity)

Name

Date (Month/Day/Year)