ALASKA DIVISION OF INSURANCE LICENSING SECTION

License Authority Change Form

| Individual/Business Entity Name | | | | | | | License # | |
|--|--|------|--------|--|------------------|----------|-----------|----------|
| Removing Authority This form is primarily for removing lines or classes of authority from your license. There is no fee to remove authority from a license. Delete Class of Authority Delete Line of Authority | | | | Adding Authority Most licensees can add lines or classes online. There is no fee to add lines of authority online. A fee may be required to add a class of authority, depending on which authority is added. Include \$50 paper processing fee if the change could be made online. Add Class of Authority Add Line of Authority | | | | |
| Class | of Authority Line of Authority | | | rity | ty | | | |
| | | Life | Health | Var. Life* | Var. Annuity* | Property | Casualty | Personal |
| | Producer | | | | | | | |
| | Adjuster | | | | | | | |
| | Surplus Lines Broker | | | | | | | |
| | Managing General Agent | | | | | | | |
| | Reinsurance Intermediary Broker | | | | | | | |
| | Reinsurance Intermediary Manager | | | | | | | |
| | Viatical Settlement Broker | | | | | | | |
| | Viatical Settlement Representative | | | | | | | |
| | Limited: Travel Bail Bond Title Credit Motor Vehicle Portable Electronics Crop | | | | | | | |
| *Adding Variable Life or Annuity? Please provide your CRD # | | | | | | | | |

Residents Adding Adjuster Class

You must meet the 6 month qualifying experience requirement outlined in AS 21.27.830.

Residents Adding Surplus Lines Broker Class

You must already hold a resident producer or managing general agent license for property/casualty.

Business Entities

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.

A firm shall have a firm license, the scope of which includes all lines and classes of authority of each individual employee of the firm.

ALASKA DIVISION OF INSURANCE LICENSING SECTION

License Authority Change Form

| 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 revoca | | | | | | | | |
| Signature (of Compliance Officer if Business Entity) | Name | Date (Month/Day/Year) | | | | | | |