State of Alaska
Department of Commerce, Community and Economic Development
DIVISION OF INSURANCE
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(907) 465-2515
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Division use only

Batch #_____ $_____

CHANGE FORM

Fees must be submitted when notification of a change is not received within 30 days of the change**. A $50 paper processing fee is required for changes that can be made electronically but are made using this form.

Almost all filings can be submitted through either the National Insurance Producer Registry (www.nipr.com) or State Based Systems (www.statebasedsystems.com)

Electronic Filing Instructions	Individual	Business Entity
Email, Phone, Fax, Address Changes (except for residency state changes)	File electronically at http://www.nipr.com/state_announcements/ccr_announcements.htm	File electronically at https://sbs-ak.naic.org/Lion-Web/jsp/login/login_ols.jsp
E-mail Address Change	http://www.statebasedsystems.com/EmailAddressMaintenance.htm	
Administrative or Disciplinary Action/Criminal Prosecution	File electronically through the NIPR Attachment Warehouse at www.nipr.com within 30 days of the effective date of action to avoid late fee**	

Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to Alaska Statute (AS) 21.27.040(f).

Each section provides instructions for the type of change requested. **Submit only the required sections indicated within the section addressing the change made.** This form is not for use if your license is cancelled or inactive (lapsed/expired).

NOTIFICATION — Pursuant to AS 21.27.025(a), a licensee or compliance officer must notify the director within 30 days, in writing, of the following changes. **Please check appropriate box.**

- ☐ Cancellation of license (see #1)
- ☐ Records Information (see #2)
- ☐ * Resident personal information (see #3)
- ☐ * Business information (see #4)
- ☐ * Applicant Mailing address (see #5)
- ☐ Residency State Change (see #6)
- ☐ Federal Employer Identification Number (FEIN) Change (see #7)
- ☐ Name change, merger, purchase (individual, business entity, or DBA/fictitious, if applicable) (see #7)
- ☐ * Add lines, type or license class (see #8)
- ☐ Delete lines, type or license class (see #8)
- ☐ Designation of Designated Responsible Producer (Compliance Officer) (see #9)

*** - File electronically or submit an additional $50 paper processing fee along with this form**

AS 21.27.020 requires notification of a change in compliance officer be filed within 30 days of the change

LATE FEE**

FAILURE TO NOTIFY THE DIRECTOR within 30 days, in writing, of these changes will result in the following penalties and may result in the suspension or revocation of your license (3 AAC 31.060(a)(2)):

If notification is received:
(A) 1 to 60 days late, $50.00;
(B) 61 to 120 days late, $100.00;
(C) more than 120 days late, $200.00.

CHECK YOUR LICENSE STATUS AT
https://sbs-ak.naic.org/Lion-Web/jsp/sbsreports/AgentLookup.jsp

Name of Licensee Requesting Change_____ AK License #_____

Forms, instructions, fees, and answers to frequently asked questions are available on our website at http://commerce.alaska.gov/dnn/ins/Licensing.aspx

Name of Licensee Requesting Change:_____**AK** **Lic #**_____

CANCELLATION OF LICENSE

1

Residents: If you reapply for licensure within one year from the date of cancellation of your license for the same lines of authority, you will not be required to retest. If you were required to meet continuing education requirements at your renewal, you will be subject to these requirements if you activate your license within 2 years of your prior license expiration date.

A

INDIVIDUALS

☐ I wish to voluntarily cancel my Individual license **(complete record information in #2)** Effective Date: _____

☐ I am requesting a Letter of Clearance for the State of_____, the **$25.00 fee is enclosed.** Letters of Clearance are only issued for resident licensees **(complete section 5 with the address to where you would like your Letter of Clearance mailed.)**

Printed Name	Signature Required (Individual)	Date

B

BUSINESS ENTITY

☐ The Business Entity wishes to voluntarily cancel its license **(complete record information in #2).** Effective date _____

Printed Name (Compliance Officer)	Signature (Compliance Officer)	Date

RECORDS INFORMATION

2

This information must be provided if you held an Individual or Business Entity license.

The records will be maintained by:

☐ Alaska licensee License Number _____

☐ The last known insurer of each policyholder will maintain my/the business entity's Alaska insurance transaction records.

☐ Attached are the addresses for each location where the records will be maintained as required by statute.
Indicate the insurers represented by name:

_____

☐ No business written in Alaska.

Physical address of where records will be stored

Mailing address

Printed Name	Signature	Date

RESIDENCE ADDRESS

3

INSTRUCTIONS: File electronically to avoid an additional $50.00 paper processing fee (see page 1 for electronic filing instructions). ... fee required unless the change was not received within 30 days of the effective date (see page 1 for late fee). Complete Sections 3A and 3B and sign at bottom of page. Licensure in new home state must be verifiable within 30 days of your move (see cover page for late notification fees). **(All correspondence is sent to the applicant's business email address indicated in section 4 or the applicant's mailing address indicated in 5.) If there is no change, you must check the "No Change" box. If your resident state has changed, complete all requirements in Section 6. To change your mailing address, see 5.**

A

RESIDENCE/HOME ADDRESS (physical street) ☐ **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____

	City	State	Zip Code	Foreign Country Code

B

RESIDENCE NUMBERS ☐ **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____

Home Phone Number

_____ _____

Signature of Licensee Printed Name of Licensee

Name of Licensee Requesting Change:_____**AK** **Lic #**_____

BUSINESS ADDRESS, PHONE AND FAX NUMBER

4

INSTRUCTIONS: File electronically to avoid an additional $50.00 processing fee (see page 1 for electronic filing instructions). If no change, you must check the "No Change" box. Complete Sections 4A, 4B, and 5 and sign at bottom of page. If your home state has changed you must complete all requirements in Section 6. Licensure in new home state must be verifiable within 30 days of your move. **(All correspondence is sent to the applicant's business email address indicated in section 4 or the applicant's mailing address indicated in 5.)**

Individuals: If completing 4A (physical address):

- No fee required unless the change was not received within 30 days of effective date of change (see page 1 for late fee).

Business Entities: If completing 4A (physical address):

- No fee required unless the change was not received within 30 days of effective date of change (see page 1 for late fee).

A

Business physical address is where you principally conduct Alaska insurance (AS 21.27.330)

BUSINESS ADDRESS ☐ **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____

Business Address (Physical Street)	City	State	Zip Code	Foreign Country

B

BUSINESS NUMBERS ☐ **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____

Business Phone Number	Business Fax	E-mail Address

APPLICANT MAILING ADDRESS

5

☐ **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____

Applicant's Mailing Address	P.O. Box	City	State	Zip Code	Foreign Country Code

STATE OF RESIDENCY

6

INSTRUCTIONS: Complete Sections 3, 4, 5, and 6.

For residents converting to nonresident status:

- Licensure in your new home state must be verifiable within 30 days of the effective date of your change in resident state.
- No fee required unless the change was not submitted within 30 days of effective date of change (see page 1 for late fee)

For nonresidents converting to resident status:

- If notification is received within 90 days of cancellation of your prior license, exam results are waived.
- If notification is received after the 90 day period, exam results are required for authority requested.
- One Fingerprint Card and a $47.00 fingerprint fee, made payable to the State of Alaska.
- No fee required unless the change was not submitted within 30 days of effective date of change (see page 1 for late fee).

For nonresidents converting to another nonresident state:

- Licensure in your new home state must be verifiable within 30 days of the effective date of your change in resident state. Please note: Notification from your prior home state is automatically sent to our office when you cancel your license.
- No fee required unless the change was not submitted within 30 days of effective date of change (see page 1 for late fee).

Please see penalty fees on page 1 for late filings.

****Effective date is the date the licensee ceased to be a resident in the prior resident state, not the date the form is completed.**

Prior Residence State	Current Resident State	**Effective Date of Residency Change

_____ _____

Signature of Licensee or Compliance Officer of the Business Entity Printed Name of Licensee

Name of Licensee Requesting Change:_____**AK** **Lic #**_____

NAME OF LICENSEE

7

A fee is not required unless you have failed to notify us within 30 days of the effective date of your name change.

Individual Name Change:
- Complete Sections 7 and 10 (indicate no change if none occurred).
- Viatical settlement providers only: An original bond (or bond rider) that reflects the new name must be filed if applicable.

Individual DBA Name*:
- Complete Sections 7 and 10 (indicate no change if none occurred).

Business Entity Name Change:
- Complete Sections 7A and 10.
- Viatical settlement providers only. An original bond (or bond rider) that reflects the new name must be filed if applicable.

Business Entity DBA Name:
- Complete Sections 7A and 10 or a statement of loss.
- Viatical settlement providers only: An original bond (or bond rider) that reflects the new name must be filed if applicable.
- A DBA name cannot be used if the DBA name is the name of an entity that has a separate FEIN.

*Please note that AS 21.27.010(d) requires a licensee's legal name and fictitious or alias name to be reflected on the license. If you determine that you qualify to transact business as an individual and intend to conduct business using the DBA (doing business as) name indicated above, then your signature in Section 10 will affirm the following statement: "I intend to solicit and transact business under the name I have referenced above on an individual basis only without representing an entity required to be licensed as a Business Entity, (as defined under AS 21.97.900(17))"

**** Effective date is not the date the form is completed. For individuals, it is the date they began using their new name.**

A

Reason for Change	DBA Name	Effective Date**

Prior Name	FEIN

New Name	FEIN	Incorporation/Formation Date

B

Merger, Acquisition, or Purchase

If the Business Entity's FEIN number has changed, this form cannot be used. An application for the new Business Entity must be filed. The new entity is not authorized to transact in this state until the new license is obtained. Effective date is not date form was completed.

☐ Merger or Purchase of Business Entity –Complete Sections 7B and 10.	Effective Merger/Purchase Date

Legal Business Type ☐ **C –** Corporation ☐ **P –** Partnership ☐ **S –** Sole Proprietorship ☐ **LLC –** Limited Liability Corporation ☐ **LLP –** Limited Liability Partnership

Business Assumed	FEIN

Assumed, merged, or purchased by

Records will be held at (physical address)	City	State	Zip

Mailing Address	City	State	Zip

Name of Licensee Requesting Change:_____AK Lic # _____

CHANGE IN LINES OR LICENSE CLASS

8

If application can be filed through www.nipr.com but is not, an additional $50.00 paper processing fee must be included.

Add/delete class (see 8(A)(2)):
- Complete Sections 8A, 8B, and 10.
- To add MGA, RIM, RIB, or VSP license class, and if you are not filing through www.nipr.com, this form cannot be used.

See www.insurance.alaska.gov for further instructions.

Add/delete lines (see 8(A)(1)):
- Complete Sections 8A, 8B, and 10.
- If adding variable products authority, you **must** provide your CRD #_____

Lines and classes cannot be deleted electronically

A

(1) ☐ Add Lines (file through www.nipr.com) ☐ Delete Lines

(2) ☐ Add License Class (file through www.nipr.com) ☐ Delete License Class

B

License Class	Life Lines Group				Property/Casualty Lines Group					*Limited
	Life	Health	**VarLife	**Var Annuity	Property	Casualty	Surety	Crop	Personal	
** Producer (PRO) (to add, file through www.nipr.com)										
Adjuster (ADJ) (to add, file through www.nipr.com)										
Surplus Lines Broker (SLB) (to add, file through www.nipr.com)										
Managing General Agent (MGA) (to add, file through www.nipr.com)										
Reins Intermediary Broker (RIB) (to add class, file through www.nipr.com)										
Reins Intermediary Manager (RIM) (to add class,file through www.nipr.com)										
** Viatical Settlement Broker (to add, file through www.nipr.com)										
** Viatical Settlement Rep (to add, file through www.nipr.com)										
Limited (Travel, Bail Bond, Title, Credit, Motor Vehicle, Portable Electronics) (file through www.nipr.com)										

* - If adding Limited Lines license, write authority requested in last column.
** - If adding variable life or variable annuity, you must provide your CRD #_____ If business entity is not licensed for authority requested, appropriate business entity application must be filed.
Residents: If adding SLB class, you must also be Alaska licensed for property/casualty as a Producer or an MGA.
Residents: To add adjuster authority, you must meet the required 6-month qualifying experience outlined in AS 21.27.830

Name of Licensee Requesting Change:_____AK Lic #_____

Designation of Designated Responsible Producer (Compliance Officer)

9

If the new Compliance Officer is currently Alaska licensed:

- Complete Sections 9 and 10.

If the new Compliance Officer is not currently Alaska licensed:

- New Compliance Officer must apply through www.nipr.com.
- If for a TPA, Part II of the Alaska TPA application and $300 application fee. If the individual is licensed as a TPA in home state, file through www.nipr.com.

****The Compliance Officer's authority will determine the lines of authority for the Business Entity. You may only list one compliance officer per license class****

☐ Insurance Producer (PRO) ☐ Managing General Agent (MGA) ☐ Third-Party Administrator (TPA)
☐ Independent Adjuster (ADJ) ☐ Viatical Settlement Representative (VSR) ☐ Reinsurance Intermediary Broker (RIB)
☐ Surplus Lines Broker (SLB) ☐ Viatical Settlement Broker (VSB) ☐ Reinsurance Intermediary Manager (RIM)
☐ Limited _____

*Effective date is the date the change took place, not date the form is completed

Firm Name (Printed Name)		
Prior Compliance Officer (Printed Name)		
New Compliance Officer (Printed Name)	NIPR Transaction No. or Alaska License No.	*Effective Date

CERTIFICATION

10

1. 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.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Director of Insurance to be its agent for service of process regarding all insurance matters and agree that service upon the Alaska Director of Insurance is of the same legal force and validity as personal service upon the business entity or myself.
3. I further certify that I grant permission to the Director of Insurance for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. I certify I a) do not have a current child support obligation, or b) I have a child support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the State of Alaska to give any information it may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Alaska and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the Alaska insurance laws and regulations.
7. No representatives acting on behalf of this business entity have been convicted of any felony involving dishonesty or breach of trust (18 USC 1033).
8. For non-resident license applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested for the non-resident state.
9. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I'm/we're applying, copies of any documents attached to this application or requested by the jurisdiction.

_____	_____	_____
Applicant Signature or Compliance Officer for a Business Entity	Type or Printed Name	Month/Day/Year