State of Alaska Department of Commerce, Community, and Economic Development Division of Insurance 550 West Seventh Avenue, Suite 1560 Anchorage, Alaska 99501-3567 (907) 269-7900

ATTORNEY-IN-FACT LICENSE APPLICATION

Applicable only to attorneys-in-fact operating Reciprocal Insurers licensed under AS 21.75.

Effective January 1, 1994, a change in Alaska statutes requires that attorneys-in-fact be licensed under AS 21.75.045. Licensure is required for a person acting in the capacity of attorney-in-fact for a subscriber regarding a subject that is resident, located, or to be performed in this state or for a reciprocal insurer licensed to do business in this state. The attorney-in-fact for a domestic reciprocal insurer transacting all of its insurance activities on a subject resident, located, and to be performed in this state is exempt from licensing if the attorney-in-fact.

- (1) is a wholly-owned subsidiary of the reciprocal; and
- (2) does not act as attorney-in-fact for another unaffiliated reciprocal insurer.

An attorney-in-fact is defined as a person designated and appointed by the subscribers of a reciprocal insurer to act for and bind the subscribers in transactions relating to or arising out of the operations of a reciprocal insurer, subject to the limitations that may be lawfully provided. (AS 21.90.900)

The attorney-in-fact license is an organizational license. An individual employed by an attorney-in-fact organization is not required to be separately licensed.

INSTRUCTIONS

- 1. Please read all instructions before filling out the application form.
- 2. All forms must be completed and filed together in order to insure rapid processing of your license. (Be certain that all forms are notarized, sealed, and signed as required.)
- 3. Once licensed by the State of Alaska, you are required to notify the division by certified mail within 30 days of any of the following occurrences:
 - change in officer, director, partner, principal, or manager;
 - change in mailing address;
 - change in telephone number;
 - suspension or revocation of an insurance license by another state or jurisdiction; and
 - conviction of a misdemeanor or felony of the attorney-in-fact, its officers, directors, partners, owners, or employees.
- 4. Per AS 21.75.100, a \$100,000 attorney-in-fact bond is required.

LICENSE FEES (NEW AND ANNUAL RENEWAL)

Resident Attorney-in-fact, \$200 Nonresident Attorney-in-fact, \$500

REGISTRATION RENEWALS

The attorney-in-fact license shall be renewed each year by the attorney-in-fact when the annual statement of the reciprocal insurer is filed with the division under AS 21.75.130.

FORM FILING REQUIREMENTS FOR ATTORNEYS-IN-FACT

Application Form 08-1248.
License Fee. (Please make check payable to the Division of Insurance.)
The names, mailing addresses, physical addresses, official positions and professional qualifications of persons who are responsible for the conduct of affairs of the attorney-in-fact, including the members of the board of directors, board of trustees, executive committee or other governing board or committee, the principal officers in the case of a corporation or the partners or members in the case of a partnership or association, shareholders holding directly or indirectly 10 percent or more of the voting securities of the attorney-in-fact and any other person who exercises control or influence over the affairs of the attorney-in-fact.

If all filing requirements to obtain your license are not met within four months of receipt of your license forms, new license forms must be filed.
For a nonresident applicant only, an original Certificate of License Status for the attorney-in-fact if such license is required in the state of domicile. The Certificate of License Status must be received by the Alaska Division of Insurance within 90 days of issuance.
Designation of an officer, partner, or principal responsible for the firm's compliance with the insurance statutes and regulations of this state and completion of Form 08-1247 (Designation of Compliance Officer).
Certified financial statements for the prior two years prepared by an independent certified public accountant that establish that the applicant is solvent, that the applicant's system of accounting, internal control and procedure is operating effectively to provide reasonable assurance that money is promptly accounted for and paid to the person entitled to the money.

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Batch No.:	
Approved By:	
Lic. No.:	

ATTORNEY-IN-FACT LICENSE APPLICATION

MUST BE TYPED

1	NAME OF ATTORNEY-IN-FACT			
2	be completed. A) PHYSICAL	same, please so note, otherwise both addresses must B) MAILING		
	Avenue/Suite City State Zip Code	Box/Street/Room Nur City	State	Zip Code
3	TELEPHONE NUMBER Business	Fax No.		
4	TYPE OF BUSINESS Mark one ☐ General Partnership ☐ Limited Partnership	☐ Business Corpo	oration	
5				

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6	HAS THE ATTORNEY-IN-FACT EV ☐ Yes ☐ No If yes, give date registration nur	e last licensed/re	egistered, type of license		nd license/
7	COMPLIANCE OFFICER Name First Mark all that apply: Corporate C		•	Las this application	
8	ARE YOU NOW USING OR HAV QUESTION 7? □ Yes □ No If yes, provide of the control o		reason why:		
9	RESIDENCE ADDRESS OR PER: please so note, otherwise both address. A) PHYSICAL Avenue/Suite City State				are the same,
10	TELEPHONE NUMBER Residence	·	Fax No.		<u> </u>
11	EXPERIENCE IN ADMINISTRATIVE PERFORM THE ADMINISTRATIVE experience possessed by all individu	E FUNCTIONS (uals acting in the	OF AN ATTORNEY-IN- e name of the attorney-in	FACT. Please n-fact.	DMPETENTLY list all relevant
12	FIDELITY BOND. Has anyone ac fidelity bond held in their name?	Yes ∐ No	If yes, please give de	et had any clair stails.	ns made on a

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12	Has anyone acting in the name of the attorney-in-fact had a fidelity bond denied, cancelled, o ☐ Yes ☐ No If yes, please give details.	or revok	ed? 			
13	During the last 10 years, has anyone acting the name of the attorney-in-fact been refused a occupational, or vocational license by a governmental licensing agency or regulatory author such license held ever been suspended or revoked? Yes No If yes, please give	ity, or ha	as any			
14	Has anyone acting in the name of the attorney-in-fact ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurance or financial related organization which, while occupying such position or capacity, became insolvent, was placed under supervision, receivership, rehabilitation, liquidation or conservatorship, or had a certificate of authority or license to do business suspended or revoked? Yes No If yes, please give details.					
15	Has any individual acting in the name of the attorney-in-fact as an officer, director, controllin or manager been a subject of any of the following: (a) Has an insurance license/registration: suspended? revoked? revoked? It is refused by this or any other state? (b) Had a fine or other action taken by this or any other insurance department? (c) Have any criminal charges pending? (d) Have ever been convicted of a felony? (e) Have ever surrendered a license/registration or withdrawn an application in order to avoid disciplinary action? (f) Have ever been adjudged bankrupt within the last 10 years? (g) Have ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to any information or indictment charging a felony; or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud; or charging a violation of any corporate securities statute or any insurance law; or have been subject to any disciplinary proceedings of any federal or state regulatory agency? (h) Has any company been so charged, as in (g) above, allegedly as a result of any action or conduct on your part? If you answered "yes" to any of the these questions, you must submit a statement detailing: 1. Date of occurrence; 2. Name and address of the court; and 3. A statement explaining the circumstances.	YES	holder, NO			

	By signature below, I certify that I understand that the applicant cannot act as an attorney-in-fact in the state of Alaska until the license herein applied for is granted.					
	I have read and understand the Alaska statutes relevant to acting as an attorney-in-fact for a reciprocal insurer.					
	I certify under penalty of perjury that I have read and that each statement therein made if full AS 21.75.045(3), any false statement may subnonrenewal, suspension, or revocation of the licer	, true, and o iect me to pe	correct. I understand enalties as provided b	that pursuant to		
16	Signature of Principal/Manager	Title				
	Executed this day of	, 20	at			
			City or Town	State		
	SUBSCRIBED AND SWORN to before me this	day of		, 20		
		Notary Publi	С			
		My Commiss	sion Expires:			
			(NOT	ARY SEAL)		
	AUTHORIZAT	ION AND REI	_EASE			
	I,					
	I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of documents, records or other information pertaining to me to furnish to the Alaska Division of Insurance any such information; including documents, records, insurance department files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Alaska Division of Insurance or any of its agents or representatives to inspect and make copies of such documents, records, and/or other information.					
	In accordance with AS 21.06.165, I hold harmless persons furnishing information pursuant to this release.					
17	NOTARIZATION					
	State of) ss.					
	I affirm that I have read the foregoing and fully consent to all statements contained therein.					
		Full Signatur	e of Applicant			
	SUBSCRIBED AND SWORN to before me this	day of		, 20		
		· · · · · · · · · · · · · · · · · · ·				
	(NOTARY SEAL)	Notary Publi				
	·	My Commiss	sion Expires:			

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