

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.

- 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.
- 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).
- 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.

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.

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

ATTORNEY-IN-FACT LICENSE APPLICATION

MUST BE TYPED

1	NAME OF ATTORNEY-IN-FACT _____																																				
2	<p>BUSINESS ADDRESS – If both addresses are the same, please so note, otherwise both addresses must be completed.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <p>A) PHYSICAL</p> <p>_____</p> <p>Avenue/Suite _____</p> <p>City _____ State _____ Zip Code _____</p> </td> <td style="width: 50%; vertical-align: top; border: none;"> <p>B) MAILING</p> <p>_____</p> <p>Box/Street/Room Number/Suite _____</p> <p>City _____ State _____ Zip Code _____</p> </td> </tr> </table>	<p>A) PHYSICAL</p> <p>_____</p> <p>Avenue/Suite _____</p> <p>City _____ State _____ Zip Code _____</p>	<p>B) MAILING</p> <p>_____</p> <p>Box/Street/Room Number/Suite _____</p> <p>City _____ State _____ Zip Code _____</p>																																		
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3	<p>TELEPHONE NUMBER</p> <p>Business _____ Fax No. _____</p>																																				
4	<p>TYPE OF BUSINESS Mark one</p> <p><input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Business Corporation</p>																																				
5	<p>NAMES AND TITLES OF OFFICERS, DIRECTORS, PARTNERS, PRINCIPALS, MANAGERS, AND OWNERS: Indicate if they are or have been licensed/registered with the Alaska Division of Insurance or another jurisdiction and their license numbers. (Attach a separate sheet, if necessary.)</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Licensed Registered</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Title</th> <th style="text-align: left;">Where</th> <th style="text-align: left;">When</th> <th style="text-align: left;">License #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Attach a separate sheet showing 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. Include persons listed above. Do not include persons who are members of the subscribers advisory committee as described in AS 21.75.170 who are in no other way connected to the attorney-in-fact</p> <p>ONE OF THE INDIVIDUALS NAMED ABOVE MUST BE DESIGNATED AS YOUR COMPLIANCE OFFICER BELOW. YOUR LICENSE WILL NOT BE PROCESSED IF NOT LISTED.</p>	Licensed Registered	Name	Title	Where	When	License #																														
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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 the foregoing application and know the contents thereof and that each statement therein made is full, true, and correct. I understand that pursuant to AS 21.75.045(3), any false statement may subject me to penalties as provided by law and denial, nonrenewal, suspension, or revocation of the license herein applied for.

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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 Public

My Commission Expires: _____

(NOTARY SEAL)

AUTHORIZATION AND RELEASE

I, _____ (full name of Principal/Manager, type or print), having filed this application with the Alaska Division of Insurance, hereby authorize and consent to having investigation made as to my moral character, professional reputation, and fitness for licensure. I agree to provide any further information as may be required in reference to my past record or about the attorney-in-fact organization applying for licensure. In addition, I hereby authorize and consent to having any of the information presented herein or any information which should be presented herein investigated by the division.

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.

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NOTARIZATION

State of _____)
_____) ss.

I affirm that I have read the foregoing and fully consent to all statements contained therein.

Full Signature of Applicant

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

(NOTARY SEAL)