

# Alaska Division of Insurance

## RATING ORGANIZATION LICENSE APPLICATION

Original

Renewal

Amendment

Part I.

Name of Organization	
Former Name if Amending Name	
NAIC #	FEIN

Home Office Address	
Administrative Office Address	
Mailing Address	
Phone	Website

Contact Name	
Address	
Phone	Email

State/Country of Domicile	Date Organized
Ultimate Owner/Holding Company	
All States in which the Organization is Licensed	

Part II. A copy of the following documents must be submitted with this form.  
Please check each item to indicate that it is attached.

<input type="checkbox"/>	1. Three Year Licensing Fee of \$6,000. (per 3 AAC 31.060)
<input type="checkbox"/>	2. NAIC-UCAA Uniform Consent to Service of Process (Form 12).
<input type="checkbox"/>	3. A copy of the Constitution, Articles of Agreement or Association, or its Certificate of Incorporation as well as the organization's bylaws and regulations governing its conduct of business.
<input type="checkbox"/>	4. A list of members or subscribers, or a list of prospective subscribers including the type of company by line of business.
<input type="checkbox"/>	5. A statement of qualifications as a rating organization. This should include a synopsis of the organization's experience in developing rates by class of business as well as the qualifications of the principal officers and/or key people, including their academic qualifications and work experience in their field.

Please submit all requested materials to the address listed below. You will be notified by letter when your organization has been issued a license. Licenses are issued for a three year period ending July 1 (AS 21.39.060).

Mail to:  
State of Alaska  
Department of Commerce, Community, and Economic Development  
DIVISION OF INSURANCE  
550 West Seventh Avenue, Suite 1560  
Anchorage, Alaska 99501-3567  
P: (907) 269-7900 • F: (907) 269-7912

I hereby certify that I am authorized to sign for and on behalf of the rating organization. I also certify that all the information submitted pursuant to this form is complete, true, and correct.

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Name and Title (Please type or print.)

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Signature

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Date