

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](http://www.nipr.com)) or State Based Systems ([www.statebasedsystems.com](http://www.statebasedsystems.com))

Electronic Filing Instructions	Individual	Business Entity
Email, Phone, Fax, Address Changes (except for residency state changes)	File electronically at <a href="http://www.nipr.com/state_announcements/ccr_announcements.htm">http://www.nipr.com/state_announcements/ccr_announcements.htm</a>	File electronically at <a href="https://sbs-ak.naic.org/Lion-Web/jsp/login/login_ols.jsp">https://sbs-ak.naic.org/Lion-Web/jsp/login/login_ols.jsp</a>
E-mail Address Change	<a href="http://www.statebasedsystems.com/EmailAddressMaintenance.htm">http://www.statebasedsystems.com/EmailAddressMaintenance.htm</a>	
Administrative or Disciplinary Action/Criminal Prosecution	File electronically through the NIPR Attachment Warehouse at <a href="http://www.nipr.com">www.nipr.com</a> 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Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to Alaska Statute (AS) 21.27.040(f).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 (expired).

<b>NOTIFICATION</b> — 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. <b>Please check appropriate box.</b>	
<input type="checkbox"/> Cancellation of license (see #1) <input type="checkbox"/> Records Information (see #2) <input type="checkbox"/> * Resident personal information (see #3) <input type="checkbox"/> * Business information (see #4) <input type="checkbox"/> * Applicant Mailing address (see #5) <input type="checkbox"/> Residency State Change (see #6) <input type="checkbox"/> Federal Employer Identification Number (FEIN) Change (see #7)	<input type="checkbox"/> Name change, merger, purchase (individual, business entity, or DBA/fictitious, if applicable) (see #7) <input type="checkbox"/> * Add lines, type or license class (see #8) <input type="checkbox"/> Delete lines, type or license class (see #8) <input type="checkbox"/> Designation of Designated Responsible Producer (Compliance Officer) (see #9)  <p style="text-align: center;"><b>* - File electronically or submit an additional \$50 paper processing fee along with this form</b></p>

**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 # _____
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Forms, instructions, fees, and answers to frequently asked questions are available on our website at <a href="http://commerce.alaska.gov/dnn/ins/Licensing.aspx">http://commerce.alaska.gov/dnn/ins/Licensing.aspx</a>
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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
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**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
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**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
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**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
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**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
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**B** **BUSINESS NUMBERS**  **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

Business Phone Number	Business Fax	E-mail Address
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**APPLICANT MAILING ADDRESS**

**5**  **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

Applicant's Mailing Address	P.O. Box	City	State	Zip Code	Foreign Country Code
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**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
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\_\_\_\_\_  
 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: - 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.

DBA Name: - 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

**Merger, Acquisition, or Purchase**

**B**

**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.**

<input type="checkbox"/> Merger or Purchase of Business Entity –Complete Sections 7B and 10.	Effective Merger/Purchase Date
<b>Legal Business Type</b> <input type="checkbox"/> C – Corporation <input type="checkbox"/> P – Partnership <input type="checkbox"/> S – Sole Proprietorship <input type="checkbox"/> LLC – Limited Liability Corporation <input type="checkbox"/> 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](http://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](http://www.nipr.com), this form cannot be used.

See [www.insurance.alaska.gov](http://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](http://www.nipr.com))  Delete Lines
- (2)  Add License Class (file through [www.nipr.com](http://www.nipr.com))  Delete License Class

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 <a href="http://www.nipr.com">www.nipr.com</a> )										
Adjuster (ADJ) (to add, file through <a href="http://www.nipr.com">www.nipr.com</a> )										
Surplus Lines Broker (SLB) (to add, file through <a href="http://www.nipr.com">www.nipr.com</a> )										
Managing General Agent (MGA) (to add, file through <a href="http://www.nipr.com">www.nipr.com</a> )										
Reins Intermediary Broker (RIB) (to add class, file through <a href="http://www.nipr.com">www.nipr.com</a> )										
Reins Intermediary Manager (RIM) (to add class, file through <a href="http://www.nipr.com">www.nipr.com</a> )										
** Viatical Settlement Broker (to add, file through <a href="http://www.nipr.com">www.nipr.com</a> )										
** Viatical Settlement Rep (to add, file through <a href="http://www.nipr.com">www.nipr.com</a> )										
Limited (Travel, Bail Bond, Title, Credit, Motor Vehicle, Portable Electronics) (file through <a href="http://www.nipr.com">www.nipr.com</a> )										

\* - 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** A fee is not required unless you have failed to notify us within 30 days of the effective date of the change in Compliance Officer.

**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](http://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](http://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\*\***

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Insurance Producer (PRO)   | <input type="checkbox"/> Managing General Agent (MGA)             | <input type="checkbox"/> Third-Party Administrator (TPA)        |
| <input type="checkbox"/> Independent Adjuster (ADJ) | <input type="checkbox"/> Viatical Settlement Representative (VSR) | <input type="checkbox"/> Reinsurance Intermediary Broker (RIB)  |
| <input type="checkbox"/> Surplus Lines Broker (SLB) | <input type="checkbox"/> Viatical Settlement Broker (VSB)         | <input type="checkbox"/> Reinsurance Intermediary Manager (RIM) |
| <input type="checkbox"/> 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