

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Division of Insurance
2. General subject of regulation: Covered Conditions for Reinsurance
3. Citation of regulation: 3 AAC 31.540
4. Department of Law file number, if any: _____

5. Reason for the proposed action:

- () Compliance with federal law or action: _____
- () Compliance with new or changed state statute
- () Compliance with federal or state court decision: _____
- () Development of program standards
- (X) Other: Emergency Regulation

6. Appropriation/Allocation: 0

7. Estimated annual cost to comply with the proposed action to:

A private person: 0

Another state agency: 0

A municipality: 0

8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY <u>0</u>	Subsequent Years
Operating Cost	\$ <u>0</u>	\$ <u>0</u>
Capital Cost	\$ <u>0</u>	\$ <u>0</u>
1002 Federal receipts	\$ <u>0</u>	\$ <u>0</u>
1003 General fund match	\$ <u>0</u>	\$ <u>0</u>
1004 General fund	\$ <u>0</u>	\$ <u>0</u>
1005 General fund/ program	\$ <u>0</u>	\$ <u>0</u>
Other (identify)	\$ <u>0</u>	\$ <u>0</u>

9. The name of the contact person for the regulation:

Name: Jackson Willard
Title: Regulation Specialist II
Address: PO Box 110805 Juneau, AK 99811
Telephone: (907) 465-8486
E-mail address: jackson.willard@alaska.gov

10. The origin of the proposed action:

Staff of state agency
 Federal government
 General public
 Petition for regulation change
 Other: _____

11. Date: 3/23/2020 Prepared by: Jackson Willard

Name: Jackson Willard
Title: Regulation Specialist II
Telephone: (907) 465-8486