

<http://www.commerce.state.ak.us/insurance/Insurance/programs/Licensing/changeForms.html>

CHANGE FORM

Division use only
Batch # _____ \$ _____

An additional fee of \$50.00 is required when a change that can be made electronically is manually filed in addition to any other fee required.

Electronic filings that can be submitted through the National Insurance Producer Registry (NIPR):

	Residents	Nonresidents
Initial Application or License Reinstatement for Producers, Adjusters, Surplus Lines, Limited Lines Licensees; License Amendment to add lines, types or classes to a license	Electronic filing available at https://pdb.nipr.com/html/nriWelcome.html	Electronic filing available at https://pdb.nipr.com/html/nriWelcome.html
License Renewal for Producers, Adjusters, Surplus Lines, Limited Lines Licensees	Electronic filing available at https://pdb.nipr.com/html/eriWelcome.html	Electronic filing available at https://pdb.nipr.com/html/nriWelcome.html
Address Change*	Electronic filing available at https://pdb.nipr.com/ACR/SignIn	Electronic filing available at https://pdb.nipr.com/ACR/SignIn
E-mail Address	http://www.commerce.alaska.gov/insurance/apps/EmailUpdate/Login.aspx	

*Except when changing to a new resident (home) state or when filing an address change for a firm.

Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to Alaska Statute (AS) 21.27.040(f).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 will provide instructions as to what must be completed for the specific type of change that you are requesting. **Submit only the required sections indicated.** This form is not for use if your license is cancelled or inactive (lapsed).

NOTIFICATION — 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.

- | | |
|--|---|
| <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, firm, or DBA/fictitious, if applicable) (see #7)
<input type="checkbox"/> Change in lines, type or license class (see #8, file through www.nipr.com)
<input type="checkbox"/> Change in Compliance Officer (see #9)
<input type="checkbox"/> Administrative or Disciplinary Action/Criminal Prosecution: File through the NIPR Attachment Warehouse at www.nipr.com within 30 days
<input type="checkbox"/> See Fee Schedule on page 5 |
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PENALTY FEES

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 ON OUR WEBSITE at

<http://www.commerce.state.ak.us/insurance/apps/producersearch/InsLicStart.cfm>

Name of Licensee Requesting Change _____ AK License # _____

Forms, instructions, fees, and answers to frequently asked questions are available on our website at <http://www.commerce.state.ak.us/insurance/Insurance/programs/Licensing/Misc%20Info/Frequently%20Asked%20Questions.pdf>.

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 unless you did not qualify for licensure by submitting passing examination results.

A INDIVIDUALS

I wish to voluntarily cancel my: Effective Date: _____
 Individual license **(complete record information in #2)** My license is attached
 My license has been lost or misplaced and will be returned if found.
 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.

Printed Name	Signature Required (Individual)	Date
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B FIRMS

The firm wishes to voluntarily cancel its license **(complete record information in #2).** Effective date _____
 The firm license is attached.
 The firm license has been lost or misplaced and will be returned if found.

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 Firm license.

The records will be maintained by:

Alaska licensee Provide License Number _____
 The last known insurer of each policyholder will maintain my/the firm'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, PHONE AND FAX NUMBER

3 INSTRUCTIONS: File electronically at <https://pdb.nipr.com/ACR/SignIn> or an additional \$50.00 processing fee is required. Complete Sections 3A and 3B and sign at bottom of page. A fee is not required unless you have failed to notify us within 30 days of the effective date. 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 mailing address indicated in 5.) If no change, you must check the "No Change" Box. If your resident state has changed, complete Section 6. To change your mailing address, see 5.**

A RESIDENCE/HOME ADDRESS (physical street) NO CHANGE EFFECTIVE DATE OF CHANGE: _____

P.O. Box	City	State	Zip Code	Foreign Country Code
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B RESIDENCE NUMBERS NO CHANGE EFFECTIVE DATE OF CHANGE: _____

Home Phone Number	Fax	Home E-mail Address
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Signature of Licensee

Printed Name of Licensee

Name of Licensee Requesting Change: _____ AK Lic # _____

BUSINESS ADDRESS, PHONE AND FAX NUMBER

4 **INSTRUCTIONS:** File electronically at <https://pdb.nipr.com/ACR/SignIn> to avoid an additional \$50.00 processing fee. 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 Section 6. Licensure in new home state must be verifiable within 30 days of your move. (All correspondence is sent to the mailing address indicated in 5.)

- Individuals:** If completing 4A (physical address):
 - Return your license or submit a statement of loss if your license is unavailable for surrender.
 - No fee required unless not submitted within 30 days of effective date (see page 1 for late fee).
- Firms:** If completing 4A (physical address):
 - Return license of firm or a statement of loss if the license is unavailable for surrender.
 - No fee required unless not submitted within 30 days of effective date of change (see page 1 for late fee).

A **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:
 - Return your license or a statement of loss if your license is unavailable for surrender.
 Licensure in your new home state must be verifiable within 30 days of the effective date of your change in resident state.

For nonresidents converting to resident status:
 - Return your license or a statement of loss if your license is unavailable for surrender.
 - If notification is received within 90 days of cancellation of your prior home state license, exam results are waived.
 - If notification is received after the 90 day period, exam results are required for the lines requested.
 - One Fingerprint Card and a \$51.50 fingerprint fee, made payable to the State of Alaska.

For nonresidents converting to another nonresident state:
 - Return your license or a statement of loss if your license is unavailable for surrender.
 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.

Please see penalty fees on page 1.

Prior Residence State	Current Resident State	Effective Date of Residency Change
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Signature of Licensee or Compliance Officer of the Firm

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 3, 4 (indicate no change if none occurred), 5, 7, and 10.
 - Return your license or statement of loss if your license is unavailable for surrender.
 - 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 3, 4 (indicate no change if none occurred), 5, 7, and 10.
 - Return your license or statement of loss if your license is unavailable for surrender.

- Firm Name Change:
 - Complete Sections 7A and 10.
 - Return firm license or statement of loss if unavailable for surrender.
 - Viatical settlement providers only: An original bond (or bond rider) that reflects the new name must be filed if applicable.

- Firm DBA Name:
 - Complete Sections 7A and 10 or a statement of loss.
 - Return firm license or statement of loss if unavailable for surrender.
 - Viatical settlement providers only: An original bond (or bond rider) that reflects the new name must be filed if applicable.
 - A DBA name cannot be used if the DBA name is the name of an entity that has a separate FEIN.

Please note that if the firm's FEIN number has changed, this form cannot be used. An application for the new firm entity must be filed and the new entity is not authorized to transact business in this state until a new license is obtained.

*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 licensed as a firm, (as defined under AS 21.97.900(17))"

****Effective date is date change took place, not date form was completed.**

Reason for Change	DBA Name	Effective Date**
Prior Name	New Name	
FEIN	Incorporation/Formation Date	

A

Merger, Acquisition, or Purchase

B

Please note that if the firm's FEIN number has changed, this form cannot be used. An application for the new firm entity must be filed. The new entity is not authorized to transact in this state until the new license is obtained.

<input type="checkbox"/> Merger or Purchase of Firm – Complete Sections 7B and 10.	Effective Date**
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Legal Business Type	<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	

****Effective date is date change took place, not date form was completed.**

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 but is not, an additional \$50.00 processing fee must be included.

Add/delete class (see 8(A)(2)):

- Complete Sections 8A, 8B, and 10.
- See fee schedule below if adding class.
- Return license or signed statement of loss.
- To add MGA, RIM, RIB, or VSP license class, this form cannot be used by firms or individuals. See our website at www.commerce.state.ak.us/insurance for further instructions.

Add/delete lines (see 8(A)(1)):

- Complete Sections 8A, 8B, and 10.
- Return license or signed statement of loss.
- If adding variable products authority, you **must** provide your CRD # _____

A (1) Add Lines (file through www.nipr.com) Delete Lines

(2) Add License Class (file through www.nipr.com) Delete License Class

License Class	Life Lines Group				Property/Casualty Lines Group					Limited**
	Life	Health	VarLife*	Var Annuity*	Property	Casualty	Surety	Marine	Personal	
*Producer (PRO) (to add, file through www.nipr.com)										
*Adjuster (ADJ) (to add, file through www.nipr.com)										
*Surplus Lines Broker (SLB) (to add, file through www.nipr.com)										
Managing General Agent (MGA) (to add, file MGA Application)										
Reins Intermediary Broker (RIB) (to add, file RIB Application)										
Reins Intermediary Manager (RIM) (to add, file RIM Application)										
Viatical Settlement Broker										
Viatical Settlement Rep										
**Limited (Travel, Crop, Bail Bond, Credit, Motor Vehicle) (file through www.nipr.com)										

**If adding Limited Lines license, write authority requested in last column.
 *If adding variable life or variable annuity, you must provide your CRD # _____
 If firm is not currently licensed, appropriate firm 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.

FEE SCHEDULE

Individual or Firm
 Resident or Nonresident

*An additional fee of \$50.00 is required when a change that can be made electronically is manually filed in addition to any other fee required.

Independent Adjuster (any or all line(s))	\$75.00	\$50.00*
Producer (any or all line(s))	\$75.00	\$50.00*
Limited Lines (Credit, Travel, Bail Bond, Crop, Motor Vehicle)	\$75.00	\$50.00*
Viatical Settlement Broker	\$100.00	
Viatical Settlement Representative	\$100.00	
Surplus Lines Broker	\$300.00	\$50.00*
Reinsurance Intermediary Broker see Reinsurance Intermediary Broker Application	\$75.00	
Reinsurance Intermediary Manager see Reinsurance Intermediary Manager Application	\$75.00	

COMPLIANCE OFFICER

9 INSTRUCTIONS: You must submit all requirements in this section.

A fee is not required unless we were not notified within 30 days of the effective date of the change.

Firm:

- Complete Sections 9 and 10.

If the new Compliance Officer is currently Alaska licensed:

- Complete Sections 4, 5, 9, and 10.

If the new Compliance Officer is not currently Alaska licensed:

- New Compliance Officer must submit NAIC Uniform Individual Application through www.nipr.com. If for a TPA, part II of the Alaska TPA application.

- | | | |
|---|---|---|
| <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 firm 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 firm 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, certified copies of any documents attached to this application or requested by the jurisdiction.

Applicant Signature or Compliance Officer for a Firm	Type or Printed Name	Month/Day/Year
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