

State of Alaska
 Department of Community and Economic Development
 Division of Insurance
 550 W. 7th Avenue, Suite 1560, Anchorage, AK 99501-3567

ORIGINAL AMENDMENT

APPLICATION FOR ACCREDITATION OF REINSURER



Batch # _____ \$ _____
 Date of Issue _____
 Approved By _____
 Lic. No. _____

Application is hereby made to the Director of Insurance for Accreditation as a Reinsurer in the State of Alaska during the license year beginning July 1, 20____.

1	Name of Insurer: _____ NAIC # _____ If amending name, indicate former name: _____
2	Home Office Address: _____ Executive Office Address: _____ Mailing Address: _____ Telephone: _____ Are these addresses the same as those shown on your Annual Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate why. _____
3	State or Country of Domicile: _____ Date Organized: _____ If redomesticating, indicate former state of domicile: _____
4	Date of Last Examination: _____
5	a. Par Value of Issued Stock: \$ _____ b. Surplus as regards policyholders: \$ _____
6	Certificate of Deposit (Home State): \$ _____ (Alaska): \$ _____
7	Ultimate Owner/Holding Company: _____
8	Signed at _____ this _____ date of _____, 20 _____ By _____ Title _____

(See other side for documents and fees to be submitted)

**ACCREDITATION OF REINSURER
FORMS AND FEES REQUIRED (AS 21.12.020)**

ORIGINAL

1. Application Form.
2. Annual Statement with Complete Jurat and Certified by Insurance Department of domicile state and subsequent quarterly statements filed with the state of domicile.
3. Certificate of Compliance from domicile state or state of entry into U.S.
4. Certificate of Valuation (Life Insurance companies).
5. Certificate of Deposit from domicile state.
6. Application fee of \$500.
7. Certificate of Assuming Insurer (08-238)
8. Audited annual Financial Statements.
9. Annual Management Discussion and Analysis.
10. UCAA- Uniform consent to Service of Process (Form 12)
11. Copy of most recent domestic state examination.