

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

**APPLICATION FOR CERTIFICATE OF AUTHORITY**

Application is hereby made to the Director of Insurance for issuance of a Certificate of Authority to transact insurance in the State of Alaska during the license year beginning July 1, 20\_\_\_\_\_.

<b>1</b>	Name of Insurer: _____ NAIC # _____ — _____ Co Code _____ If amending to change the name, indicate former name _____		
<b>2</b>	Home Office Address: _____ Executive Office Address: _____ Mailing Address: _____ Phone: _____ Fax: _____ Are these addresses the same as those shown on your Annual Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, indicate why. _____ Premium Tax Statement Address: _____ Phone: _____ Fax: _____ Producer Licensing Address: _____ Phone: _____ Fax: _____ Rate/Form Filing Address: _____ Phone: _____ Fax: _____		
<b>3</b>	State or Country of Domicile: _____ Date Organized: _____ If redomesticating, indicate old state of domicile: _____		
<b>4</b>	Check kinds of insurance to be transacted (if amending to add lines, please mark those currently authorized for, in addition to those for which you are seeking authorization): <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> LIFE (AS 21.12.040)  <input type="checkbox"/> HEALTH (AS 21.12.050)  <input type="checkbox"/> ANNUITIES (AS 21.12.055)  <input type="checkbox"/> VARIABLE LIFE (AS 21.42.370)  <input type="checkbox"/> VARIABLE ANNUITIES (AS 21.42.370)  <input type="checkbox"/> PROPERTY (AS 21.12.060)  <input type="checkbox"/> CASUALTY (AS 21.12.070)                      <input type="checkbox"/> All Clauses (1-14)                      <input type="checkbox"/> Except Clauses: _____                      <input type="checkbox"/> Only Clauses: _____                 </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> SURETY (AS 21.12.080)  <input type="checkbox"/> MARINE, WET MARINE &amp; TRANSPORTATION (AS 21.12.090)  <input type="checkbox"/> MORTGAGE GUARANTY (AS 21.12.110)  <input type="checkbox"/> AUTOMOBILE SERVICE CORPORATION (AS 21.59)  <input type="checkbox"/> TITLE (AS 21.66)  <input type="checkbox"/> FRATERNAL BENEFIT SOCIETY (AS 21.84)                 </td> </tr> </table> If adding lines, please indicate new line(s) _____ If deleting lines, indicate which line(s) you are deleting _____	<input type="checkbox"/> LIFE (AS 21.12.040) <input type="checkbox"/> HEALTH (AS 21.12.050) <input type="checkbox"/> ANNUITIES (AS 21.12.055) <input type="checkbox"/> VARIABLE LIFE (AS 21.42.370) <input type="checkbox"/> VARIABLE ANNUITIES (AS 21.42.370) <input type="checkbox"/> PROPERTY (AS 21.12.060) <input type="checkbox"/> CASUALTY (AS 21.12.070) <input type="checkbox"/> All Clauses (1-14) <input type="checkbox"/> Except Clauses: _____ <input type="checkbox"/> Only Clauses: _____	<input type="checkbox"/> SURETY (AS 21.12.080) <input type="checkbox"/> MARINE, WET MARINE & TRANSPORTATION (AS 21.12.090) <input type="checkbox"/> MORTGAGE GUARANTY (AS 21.12.110) <input type="checkbox"/> AUTOMOBILE SERVICE CORPORATION (AS 21.59) <input type="checkbox"/> TITLE (AS 21.66) <input type="checkbox"/> FRATERNAL BENEFIT SOCIETY (AS 21.84)
<input type="checkbox"/> LIFE (AS 21.12.040) <input type="checkbox"/> HEALTH (AS 21.12.050) <input type="checkbox"/> ANNUITIES (AS 21.12.055) <input type="checkbox"/> VARIABLE LIFE (AS 21.42.370) <input type="checkbox"/> VARIABLE ANNUITIES (AS 21.42.370) <input type="checkbox"/> PROPERTY (AS 21.12.060) <input type="checkbox"/> CASUALTY (AS 21.12.070) <input type="checkbox"/> All Clauses (1-14) <input type="checkbox"/> Except Clauses: _____ <input type="checkbox"/> Only Clauses: _____	<input type="checkbox"/> SURETY (AS 21.12.080) <input type="checkbox"/> MARINE, WET MARINE & TRANSPORTATION (AS 21.12.090) <input type="checkbox"/> MORTGAGE GUARANTY (AS 21.12.110) <input type="checkbox"/> AUTOMOBILE SERVICE CORPORATION (AS 21.59) <input type="checkbox"/> TITLE (AS 21.66) <input type="checkbox"/> FRATERNAL BENEFIT SOCIETY (AS 21.84)		
<b>5</b>	Date of Last Amendment of Charter, Bylaws, or Subscriber's Agreement: _____		
<b>6</b>	Date of Last Examination: _____		
<b>7</b>	a. Authorized Par Value of Stock: \$ _____ c. Surplus as regards policyholders: \$ _____ b. Par Value of Issued Stock: \$ _____		
<b>8</b>	Certificate of Deposit (Home State): \$ _____ (Alaska): \$ _____		
<b>9</b>	Ultimate Owner/Holding Company: _____		
<b>10</b>	Signed at: _____ this _____ day of _____, By _____ Title _____		

**CERTIFICATE OF AUTHORITY  
FORMS AND FEES REQUIRED (AS 21.09.110 and AS 21.06.250)**

**ORIGINAL**

1. Form 08-251 - Application.
- \*2. Form 08-252 - Retaliatory Form plus any retaliatory fee, deposits or other requirements of the domiciliary state for an Alaska insurer.
3. Form 08-253 - Appointment of Director to receive Service of Process.
4. Form 08-254 - Designation of Person to receive forwarded legal process.
5. Form 08-280 - Designation of Persons to Contact.
- \*6. Examination Report certified by insurance department of the domicile state or state of entry into the United States.
- \*7. Annual Statement with completed jurat or certified by insurance department of domicile state.
- \*8. Certificate of Compliance from domicile state or state of entry into the United States. Attach copy of domicile state's relevant statutes if the certificate does not specifically name the lines of insurance for which the company is authorized.
9. Articles of Incorporation or Charter plus amendments certified by domicile state or state of entry into the United States. (In triplicate for domestic insurers.)
10. Fraternal Benefit Societies - Certified Copy of Constitution.
- \*\*11. Bylaws certified by secretary of company.
12. Nonrefundable filing fee - greater of \$2,250.00 or retaliatory amount (AS 21.09.270).
13. Biographical sketches of all officers and directors.
14. Statement of Proposed Operations in Alaska.
- \*/\*\*15. Holding Company Registration Form B.
- \*/\*\*16.
  - a. \$300,000 trust deposit (par value) held by an Alaska bank. Foreign insurers may submit a Certificate of Deposit representing at least \$300,000 held in trust from the protection of all its U.S. policyholders and creditors, from the domicile state insurance department (see AS 21.24.030 for eligible securities).
  - b. U.S. Branch of alien company - Certificate of Deposit and certified copy of Trusteed Asset Statement from state of entry into the U.S.
  - c. Title Companies - \$100,000 trust deposit held by an Alaska bank. (See AS 21.24.030 for eligible securities.)
17. Alien Companies - Power of Attorney of U.S. Manager.
18. Certificate of Valuation (Life Companies).
19. Audited financial statements.
20. Annual management discussion and analysis.

**Automobile Service Corporations only**

1. Subscriber's Agreement.
2.
  - a. \$50,000 Bond plus reserves (AS 21.59.030(2) and AS 21.59.050(a) and (b)) —OR—
  - b. \$250,000 Bond (AS 21.59.050(c)).
3. Audited Financial Statements for three preceding years -OR- financial statement showing working funds available, prepared by a CPA within 30 days of application (Automobile Service Corp.).

\* Not applicable to Automobile Service Corporations

\*\* Not applicable to Fraternal Benefit Societies

**AMENDMENT**

1. **FEE:** Basic amendment fee is \$100.00. Filing fee for amended Articles of Incorporation is \$100.00. Filing fee for amended Bylaws is \$100.00. Therefore, depending upon the type of amendment, the total fee may be \$300.00.
2. **AUTHORITY CHANGE:** Items 1 and 8 above, Original Certificate of Authority or Affidavit of Loss, and items 9 and 11 (only if amended with a \$100 filing fee for each item).
3. **NAME CHANGE:** Items 1, 3, 4, 5, 8, 9 (if amended only, with \$100.00 filing fee), Original Certificate of Authority or Affidavit of Loss, and 10 or 11 (if amended only, with \$100.00 filing fee).
4. **REDOMESTICATION:** Items 1, 2, 3, 4, 5, 11, original new state Certificate of Compliance, original new state Certificate of Deposit, for a minimum of \$300,000. Original certified Redomestication Order from the original state of domicile, original new state Certified Order approving the Plan of Redomestication, original Certificate of Authority and item 15 (only if amended), and original new state-certified Articles of Incorporation with \$100 filing fee.