

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Insurance
P.O. Box 110805, Juneau, Alaska 99811-0805

**DESIGNATION OF PERSONS TO RECEIVE
SERVICE OF PROCESS**

1	<p>TO THE DIRECTOR OF INSURANCE:</p> <p>Pursuant to the provisions of the Insurance Code for the State of Alaska, AS 21.09.180(c), the undersigned hereby designates and appoints</p> <p>_____</p> <p>(Name) (Telephone Number)</p> <p>_____</p> <p>(Title)</p> <p>_____</p> <p>(Mailing Address)</p> <p>_____</p> <p>(City) (State) (ZIP Code)</p> <p>to receive from the Director of Insurance notice and receipt of any process served upon the Director of Insurance against _____</p> <p style="text-align: center;">(Insurer, RRG, RPG, or your Entity's name)</p>
2	<p>Dated _____, _____.</p> <p style="text-align: right;">SIGNATURE: _____</p> <p style="text-align: right;">PRINT NAME: _____</p> <p style="text-align: right;">TITLE: _____</p>