

Division use only
Batch # _____ \$ _____

CHANGE FORM

YES

- Print clearly.
- This form may be duplicated.
- This form may be used for multiple changes (one form for EACH licensee).
- Submit only the sections indicated.
- Make check payable to State of Alaska

NO

- Incomplete responses will be returned for completion.
- This form is not for use if your license is cancelled or inactive (lapsed).

REQUIRED

NOTIFICATION — Pursuant to Alaska Statute (AS) 21.27.025(a), a licensee or compliance officer must notify the director within 30 days, in writing, of the following changes.

Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.020(g).

Each section will provide instructions as to what must be completed for the specific type of change that you are requesting. **Please mark the boxes that apply:**

<input type="checkbox"/> Termination of employment: licensee or compliance officer (see #1) <input type="checkbox"/> Cancellation of license (see #2) <input type="checkbox"/> Records Information (see #3) <input type="checkbox"/> Resident telephone number or fax number (see #4) <input type="checkbox"/> Residence address (see #4) <input type="checkbox"/> Business telephone and fax number (see #5) <input type="checkbox"/> Business address (physical and/or mailing) (see #5) <input type="checkbox"/> Federal Employer Identification Number (FEIN) Change (see #6)	<input type="checkbox"/> Name change, merger, purchase (individual, firm, or DBA/fictitious, if applicable) (see #6) <input type="checkbox"/> Residency State Change (see #7) <input type="checkbox"/> Employment (see #8) <input type="checkbox"/> Change in lines, type or license class (see #9) <input type="checkbox"/> Change in Compliance Officer (see #10) <input type="checkbox"/> Administrative or Disciplinary Action/Criminal Prosecution (see #11)
Division Use Only <input type="checkbox"/> See page 9 of 9	

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.

FEES — When a change requires the division to issue a new license, a \$25.00 fee is required for each license issued. Nonrefundable fees required to amend a license are established under 3 AAC 31.010.

RETURN LICENSE — When the change requires a new license to be issued, the original license must be returned to the division or a signed statement of loss.

CHECK YOUR LICENSE STATUS ON OUR WEBSITE at

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

NAME

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>.

Name of Licensee Requesting Change: _____ AK Lic # _____

TERMINATION OF EMPLOYMENT

- 1 INSTRUCTIONS: This section is to be completed only for an individual no longer employed by a firm/agency.**
- 1. For individual notifying the division:**
 - Complete Section 1.
 - Return your license or statement of loss if your license is unavailable for surrender.
 - If you will not be affiliating with a licensed firm, you must cancel your Individual in a Firm type license by completing Section 2 below.
 - If you wish to change your license type to an individual, complete Section 9.
 - 2. For firm notifying the division:**
 - Complete Section 1.

Name of Licensee	Signature of Licensee (if available)	Termination Date (Required)
Current Resident Mailing address of licensee (if available)		
Name of Firm		
Required:		
Printed Name of Notifying Compliance Officer		Signature Required

CANCELLATION OF LICENSE

- 2** A licensee may hold multiple types of licensure in the State of Alaska (i.e., Individual, Individual in a Firm, or Compliance Officer of the Firm or Firm). If you hold more than one type of license, you must specify which license(s) you wish to cancel.
- 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:

<input type="checkbox"/> Individual license (complete record information in #3) <input type="checkbox"/> Individual in a Firm license <input type="checkbox"/> Compliance Officer in a firm license.	Effective Date: _____ <input type="checkbox"/> My license is attached <input type="checkbox"/> My license has been lost or misplaced and will be returned if found.
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I am requesting a Letter of Clearance for State of _____, the **\$25.00 fee is enclosed**. Letters of Clearance are only issued for resident licensees.

The mailing address for mailing the Letter of Clearance is _____

Printed Name	Signature Required (Individual)	Date
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B FIRMS

The firm wishes to voluntarily cancel its license (**complete record information in #3**). Effective date _____

The firm license is attached.

The firm license has been lost or misplaced and will be returned if found.

Printed Name	Signature (Compliance Officer)	Date
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RECORDS INFORMATION

- 3 This information must be provided if you held an Individual or Firm license (not required for an Individual in a Firm).**
- 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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Name of Licensee Requesting Change: _____ AK Lic # _____

RESIDENCE ADDRESS, PHONE AND FAX NUMBER

4 **INSTRUCTIONS:** An individual may electronically file an address change with our office at www.nipr.com/ACR/SignIn. Complete Sections 4A, 4B, and 4C 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 (see page 1 for late notification fees). If your home state has changed, you must complete Section 7. Licensure in new home state must be verifiable within 30 days of your move. A fee is not required unless you have failed to satisfy us within 30 days. See cover page for late notifications fees. **All correspondence is sent to the business mailing address indicated in 5B. If no change, you must check the "No Change" Box.**

A **PHYSICAL ADDRESS** **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____
B Street City State Zip or Foreign Country

C **MAILING** **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____
P.O. Box/Mailing City State Zip or Foreign Country

RESIDENCE NUMBERS **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____
Residence Telephone Fax E-mail

BUSINESS ADDRESS, PHONE AND FAX NUMBER

5 **INSTRUCTIONS:** An individual may electronically file an address change with our office at www.nipr.com/ACR/SignIn. **If no change, you must check the "No Change" Box.** Complete Sections 5A, 5B, and 5C and sign at bottom of page. If your home state has changed you must complete Section 7. Licensure in new home state must be verifiable within 30 days of your move. **All correspondence is sent to the mailing address indicated in 5B.**

Individuals: If completing 5A (physical address):
- Submit a \$25.00 amendment fee.
- Return your license or submit a statement of loss if your license is unavailable for surrender.
- If only completing 5B (mailing address) or 5C, no fee required.

Individual in a firm: If completing 5A (physical address):
If you are licensed as an Individual in a Firm and are changing firms, you must also complete Section 8 requirements.
If you are licensed as an Individual in a Firm and the firm address has changed, see firm instructions below.
- Submit a \$25.00 amendment fee.
- Return your license or submit a statement of loss if your license is unavailable for surrender.
- If only completing 5B (mailing address) or 5C, no fee required.

Firms: If completing 5A (physical address):
For each license that reflects the firm's address:
- Submit \$25.00 for each license amended (Firm, Compliance Officer, and all Individual in a Firm licensees). Compliance Officer must sign below for firm address change.
- Complete Section 13 for each Alaska licensed firm affiliate affected by this change.
- Complete Section 1 for individuals no longer affiliated with the firm.
- Return license of firm and license of each individual licensed in affiliation with the firm or a statement of loss if the license is unavailable for surrender.
- If only completing 5B (mailing address) or 5C, no fee required.

A **PHYSICAL ADDRESS** **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____
Street City State Zip or Foreign Country

B **MAILING ADDRESS** **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____
P.O. Box/Mailing City State Zip or Foreign Country

C **BUSINESS NUMBERS** **NO CHANGE** **EFFECTIVE DATE OF CHANGE:** _____
Business Telephone Fax E-mail

Signature of Licensee or Compliance Officer of the Firm _____

Printed Name of Licensee _____

Name of Licensee Requesting Change: _____ AK Lic # _____

NAME OF LICENSEE

- 6** Individual Name Change: - Complete Sections 4 (indicate no change if none occurred), 6A, and 12.
 - Return your license or statement of loss if your license is unavailable for surrender.
 - A \$25 amendment fee is required.
 - 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 4 (indicate no change if none occurred), 6A, and 12.
 - Return your license or statement of loss if your license is unavailable for surrender.
 - A \$25 amendment fee is required.
- Firm Name Change: - Complete Sections 6A, 12, and 13.
 - Return all licenses or statements of loss if any are unavailable for surrender.
 - A \$25 amendment fee is required for each license that reflects the firm's name (firm, compliance officer, individual in a firm).
 - 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 6A, 12, and 13.
 - Return all licenses or statements of loss if any are unavailable for surrender.
 - A \$25 amendment fee is required for each license that reflects the firm's name (firm, compliance officer, individual in a firm).
 - 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.

*Please note that Alaska Statute 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 12 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 myself to be affiliated with a firm (as defined under AS 21.27.900(8)) and understand a firm license is required if other Alaska licensed producers later act in association with me."

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

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

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 and all individuals affiliated with the firm must complete all requirements in Section 8.

<input type="checkbox"/> Merger or Purchase of Firm - Complete Sections 6B and 12.	Effective Date**		
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 # _____

STATE OF RESIDENCY

7 INSTRUCTIONS: Complete Sections 4, 5, 7, 8 (if applicable), and 12.

For residents converting to nonresident status:

- Return your license or a statement of loss if your license is unavailable for surrender.
- Fees Required: For Individuals: \$100 P/C or Life/Health Lines
\$200 All lines
Individual in a Firm: \$15 Individual in a Firm Any Line(s)

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.
- A \$25.00 amendment fee is required.
- 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 \$54.25 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.
- A \$25.00 amendment fee is required.

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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EMPLOYMENT

8 INSTRUCTIONS: This section is to be completed by individuals licensed as Individuals Working in a Firm who are changing firm/agency employment or becoming affiliated with more than one firm.

- Complete Sections 4, 5, 8, 9, and 12.
- Return your license or a statement of loss if the license is not available for surrender.
- Submit a \$25.00 amendment fee.
- A licensee may hold multiple types of licensure in the State of Alaska (i.e., Individual or Individual in a Firm). If you hold more than one type of license and request cancellation of a type, you must complete Section 2.

No Change

<input type="checkbox"/> Former Employer	Employer License Number	Date Employment Began	Date Employment Ended

<input type="checkbox"/> Current Employer	Employer License Number	Date Employment Began	Date Employment Ended

<input type="checkbox"/> Additional Firm Affiliation			
Employer	Employer License Number	Date Employment Began	Date Employment Ended

Name of Licensee Requesting Change: _____ AK Lic # _____

CHANGE IN LINES, TYPE OR LICENSE CLASS

9A	Add/delete license type (see 9(B)(4)): <ul style="list-style-type: none"> - Complete Sections 4, 5, 8, 9B, 9C, and 12 to add type. - To delete or cancel type, complete Section 9B(5). - Pay fee (see schedule below). - Return license or signed statement of loss - If deleting license type fee is \$25. - To add MGA, RIM, RIB, VSB, 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 class (see 9(B)(3)): <ul style="list-style-type: none"> - Complete Sections 9B, 9C, and 12. - Pay \$25 if deleting class. - See fee schedule if adding class. - Return license or signed statement of loss. - To add MGA, RIM, RIB, VSB, 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 9(B)(2)): <ul style="list-style-type: none"> - Complete Sections 9B, 9C, and 12. - If adding lines outside of lines group, see fees below. - Return license or signed statement of loss. - If adding lines within lines group, or deleting any lines, pay \$25. - If adding variable products authority, you must provide your CRD # _____
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9B

(1) No Change

(2) Add Lines Delete Lines

(3) Add License Class Delete License Class

(4) Add type: I (Individual) Individual in a Firm (IF) Firm (F) Compliance Officer (CI)

(5) I wish to cancel my: Individual License Individual in a Firm License Compliance Officer License

9C	License Class	Life Lines Group				Property/Casualty Lines Group					Limited
		Life	Health	VarLife*	Var Annuity*	Property	Casualty	Surety	Marine	Personal	Credit
	Producer (PRO)										
	Adjuster (ADJ)										
	Surplus Lines Broker (SLB)										
	Managing General Agent (MGA)										
	Reins Intermediary Broker (RIB)										
	Reins Intermediary Manager (RIM)										
	Viatical Settlement Broker										
	Viatical Settlement Rep										
	Limited										

*If adding variable life or variable annuity, you must provide your CRD # _____

If firm is not currently licensed, appropriate firm application must be attached.

If adding SLB license class, you must also be Alaska licensed for property/casualty authority as a PRO or MGA.

Residents: to add adjuster authority, you must meet the required 6-month qualifying experience.

SEE PAGE 9 FOR FEE SCHEDULE

COMPLIANCE OFFICER

10

INSTRUCTIONS:

Firm:

- Complete Section 10 and 12.
- \$25.00 amendment fee is required.
- Return the firm license or a Statement of Loss if the license is unavailable for surrender.

If the new Compliance Officer is currently Alaska licensed:

- Complete Sections 5, 8, 9, and 12.
- A \$25.00 amendment fee is required.
- Return license of the Compliance Officer or a signed Statement of Loss if the license is unavailable for surrender.

Please note, if the new Compliance Officer is licensed in affiliation with this firm, the individual in a firm license will be cancelled.

If the new Compliance Officer is not currently Alaska licensed:

- New Compliance Officer must submit NAIC Uniform Application. If for a TPA, part II of the Alaska TPA application. There is no fee for the Compliance Officer license type.

- | | | |
|---|---|---|
| <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) |

Effective date is the date the change took place, not date the form was completed

Prior Compliance Officer (Printed Name)

New Compliance Officer (Printed Name)

Effective Date*

CRIMINAL PROSECUTION OR ADMINISTRATIVE ACTION BY ANOTHER STATE OR JURISDICTION

11

Administrative Action:

Alaska Statute 21.27.025 requires that you notify us in writing of any administrative action taken against you by a governmental agency of another state or by a governmental agency of another jurisdiction within 30 days after the final disposition of the action. To make this required notification, you must submit the following:

- a written statement identifying the type of license and explaining the circumstances of each incident,
- a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

Administrative action includes having a license denied or the act of withdrawing an application to avoid denial, censure, suspension, revocation, cancellation, termination; or, placed on probation or surrendering a license to resolve an administrative action. Administrative action also includes being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

Criminal Prosecution:

You must notify us of **any** criminal prosecution in this or another state or jurisdiction within 30 days after the date of filing of the criminal complaint, indictment, information, or citation in the prosecution.

You must submit the following:

- a written statement explaining the circumstances of each incident,
- a certified copy of the charging document, and
- a certified copy of the official criminal complaint, calendaring order, and other relevant legal documents in the prosecution, along with any official document demonstrating resolution of the charges or any final judgment.

“Crime” includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

Please see penalty fees on page 1.

