

insurance markets while

protecting Alaskans.

# STATE OF ALASKA

# DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

### **Division of Insurance**

InsuranceLicensing@Alaska.Gov

Website: Insurance. Alaska. Gov

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#### Anchorage Office:

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Division of Insurance Robert B. Atwood Building 550 W 7th Avenue, Suite 1560 Anchorage, AK 99501

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# **Annual Certification Form**

The Annual Certification of Information System Security under Alaska Statute (AS) 21.23.260(f) requires insurers to submit by February 15 of each year an annual statement to the Director certifying compliance with AS 21.23.250 and AS 21.23.260. Records and other documentation requirements are also outlined in this section. The annual certification notification to the Director shall be reported in this electronic form which will be available on the Alaska Division of Insurance's website. Submit the completed form to: insuranceinvestigations@alaska.gov

PART 1	Insurer Info	rmation
Name of I	nsurer:	
NAIC CoCode:		
PART 2	Certification	n
I hereby co	ertify that this ins	surer is in compliance with the requirements of AS 21.23.260(f).
I hereby acknowledge that for examination purposes that we shall maintain all records, schedules, and data supporting this certificate for a period of five years.		
To the extent an insurer has identified areas, systems, or processes that require material improvement, updating, or redesign, the insurer shall document the identification and the remedial efforts planned and underway to address such areas, systems, and/or processes.		
Such documentation shall be available for inspection by the Director of Insurance.		
I subscribe and affirm, under penalty of perjury, that the statements made in this form have been examined by me and to the best of my knowledge and belief are true, correct, and complete, and that I am duly authorized to execute this affirmation.		
Printed N	ame:	
Title:		
Contact E	Email:	
Phone Nu	ımber:	
	Sig	nature: Date: