



"Strengthening competitive insurance markets while protecting Alaskans."

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Insurance

Email: Insurance@alaska.gov

Website: Insurance.Alaska.Gov

Tel: 907.465.2515 • Fax: 907.465.3422

Juneau Physical Address:
State Office Building, 9th Floor
333 Willoughby Avenue
Juneau, AK 99811

Juneau Mailing Address:
Division of Insurance
PO Box 110805
Juneau, AK 99811

Anchorage Office:
(Physical and Mailing Address)
Division of Insurance
Robert B. Atwood Building
550 W 7th Avenue, Suite 1560
Anchorage, AK 99501
Tel: 907.269.7900
Fax: 907.269.7910

Advisory Organization Application

PART 1 Entity Information

Name of Organization:			
NAIC Number:			
FEIN:			
Application Type:	Original	Amendment	Former Name:

PART 2 Contact Information

Office Address:			
Admin Address:			
Mailing Address:			
Phone Number:			
Website:			

PART 3 Individual Contact

Name:			
Address:			
Phone:			
Email:			

PART 4 Organization Details

State and Country of Domicile:			
Date Organized:			
Ultimate Owner/Holding Company			
All States where the Organization is Licensed:			

PART 5 Checklist

A copy of the following documents must be submitted with this form.
Check each item to indicate that it is attached.

1. NAIC-UCAA Uniform Consent to Service of Process (Form 12).
2. A copy of the Constitution, Articles of Agreement or Association, or its Certificate of Incorporation as well as the organization's bylaws and regulations governing its conduct of business.
3. A list of members.
4. An agreement that the director may examine the advisory organization in accordance with AS 21.39.120.

Please submit all requested materials to the address listed below. You will be notified by letter when your organization is approved as an advisory organization.

Mail to:

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Insurance
550 West Seventh Avenue, Suite 1560
Anchorage, Alaska 99501-3567
P: (907) 269-7900 • F: (907) 269-7910

PART 6 Certification

I hereby certify that I am authorized to sign for and on behalf of the advisory organization. I also certify that all the information submitted pursuant to this form is complete, true, and correct.

Signature:

Printed Name and Date:
