



DIVISION OF INSURANCE

Frank H. Murkowski, Governor

Voluntary Surrender of Certificate of Authority

Name of Company

NAIC Co. Code

Mailing Address

FEIN

City, State, Zip Code

Reason for Voluntary Surrender of Certificate of Authority:

- ____ Company no longer does business in Alaska
- ____ Company has merged with another company and it no longer exists
- ____ Company has been placed in rehabilitation by _____ (State)
effective _____
- ____ Other: _____

The following are the requirements for a surrender of a certificate of authority:

1. A company must be in current and in full compliance with Alaska's insurance statute requirements or the director have waived in writing each condition of noncompliance. (AS 21.09.135(a)(1))
2. A company must provide written confirmation that they will pay all guarantee funds or insurance pools obligations. AS 21.09.135 (a)(2) _____ confirmation attached
3. A company must agree in writing to comply with AS 21.09.200 and AS 21.09.205, if the NAIC does not accredit the company's state of domicile. AS 21.09.135(a)(3), _____ agreement attached
4. If the company ceases to exist, it must have all its business written in Alaska lawfully canceled or reinsured, subject to the director's approval. (AS 21.09.135(b))
_____ business canceled _____ business reinsured, documents attached
5. Return the certificate of authority issued by the state. (AS 21.09.120(c)) _____ attached

Please also submit a premium tax report for the portion of the year prior to surrender to comply with AS 21.09.210. The tax report form can be found at www.dced.state.ak.us/insurance/ under Annual Premium Tax Reports. If necessary, change the tax year in the heading to show the current year.

If the company is merging, you may advise that the tax will be paid by the surviving company at the usual time. Otherwise, please pay the premium tax now.

Note: These requirements must be met before we will accept a surrender of a Certificate of Authority. Failure to maintain the Certificate of Authority by payment of continuation fees or filing of required documents until surrender is granted by the director will result in suspension or revocation of the Alaska Certificate of Authority.

The requirements listed above have been met and surrender of the Alaska Certificate of Authority is hereby requested.

Signature of Company President

Date

_____ To be completed by the Division of Insurance _____

The aforementioned company has requested voluntary surrender of its Alaska Certificate of Authority. The company has met all the requirements of AS 21.09.135 and complied with AS 21.09.200 and AS 21.09.205, or has been granted exception to one or all the requirements of AS 21.09.135, AS 21.09.200, AS 21.09.205. Consequently, their request for voluntary surrender of their Certificate of Authority is hereby granted.

Approval recommended _____

Withdrawal denied _____

Letter attached documenting requirements to be completed.

Financial Examiner

Date

Approved: _____

Director, Alaska Division of Insurance

Date