

## Designation of Persons to Contact

The Alaska Department of Commerce, Community, and Economic Development, Division of Insurance, is requesting the following information to better deliver mailings from the division to the right location for your company. These addresses are maintained as public information and are provided to the public upon request.

Company Name: \_\_\_\_\_ FEIN No. \_\_\_\_\_ - \_\_\_\_\_ NAIC No. \_\_\_\_\_

### ADDRESSES

**General Correspondence**  
(for all other mailings not described below)

Attention: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ + 4  
 E-Mail: \_\_\_\_\_  
**Telephone No.'s:** General (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
 Toll Free (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Premium Tax/Fees**  
(for annual tax mailings and financial statement instructions?)

Attention: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ + 4  
 E-Mail: \_\_\_\_\_  
**Telephone No.'s:** General (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
 Toll Free (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Consumer Contact**  
(to provide to the public for public inquiries)

Attention: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ + 4  
 E-Mail: \_\_\_\_\_  
**Telephone No.'s:** General (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
 Toll Free (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Trust Deposit Acct.**  
(for contact regarding a regulatory trust deposit held in Alaska)

Attention: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ + 4  
 E-Mail: \_\_\_\_\_  
**Telephone No.'s:** General (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
 Toll Free (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



COMPANY NAME: \_\_\_\_\_

**ADDRESSES**

**CSS Agency Matters**

(for division contact regarding filed complaint on agency matters)

Attention: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State ZIP + 4  
E-Mail: \_\_\_\_\_  
Telephone No.'s: General ( ) - Ext. \_\_\_\_\_  
Toll Free ( ) - Ext. \_\_\_\_\_ FAX: ( ) - \_\_\_\_\_

**CSS Claims**

(for division contact regarding filed complaint on claim matters)

Attention: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State ZIP + 4  
E-Mail: \_\_\_\_\_  
Telephone No.'s: General ( ) - Ext. \_\_\_\_\_  
Toll Free ( ) - Ext. \_\_\_\_\_ FAX: ( ) - \_\_\_\_\_

**NOTE: It is the responsibility of the insurer to keep this information current.**

**This form completed by:**

Signature \_\_\_\_\_

Title \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**Return Form To:**

Financial Reports & Audits Clerk  
Alaska Division of Insurance  
P.O. Box 110805  
Juneau, AK 99811-0805