

1 CERTIFIED MAIL  
2 RETURN RECEIPT REQUESTED

3  
4  
5 **STATE OF ALASKA**  
6 **DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT**  
7 **DIVISION OF INSURANCE**

8 550 WEST 7<sup>TH</sup> AVENUE, SUITE 1560  
9 ANCHORAGE, ALASKA 99501-3567  
10  
11

12 Order No. SR 97-05(h) ) Revocation of Certificate of  
13 ) Authority No F-1034  
14 In the Matter of ) Order under the Provisions  
15 **THE HOME INSURANCE** ) Of AS 21.09.140 (a) (2)  
16 **COMPANY** )  
17 )  
18 NAIC NO. 22527 )  
19 \_\_\_\_\_ )

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF INSURANCE  
550 WEST 7<sup>TH</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99501-3560  
PHONE: (907) 269-7900  
FAX: (907) 269-7910 / TDD: (907) 465-5437

20  
21  
22 **WHEREAS**, a Certificate of Authority to transact the business of insurance  
23 in the State of Alaska was issued to **THE HOME INSURANCE COMPANY**  
24 domiciled in the State of New Hampshire.

25  
26 **WHEREAS**, on June 13, 2003, the Superior Court of the State of New  
27 Hampshire, placed **THE HOME INSURANCE COMPANY** under an Order of  
28 Liquidation with a finding of insolvency.  
29

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF INSURANCE  
550 WEST 7<sup>th</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99501-3560  
PHONE: (907) 269-7900  
FAX: (907) 269-7910 / TDD: (907) 465-5437

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

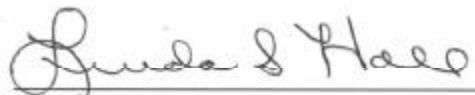
WHEREAS, the Certificate of Authority issued to **THE HOME INSURANCE COMPANY** to transact the business of insurance in the State of Alaska was suspended on May 23, 1997 and that suspension continues to the present.

**IT IS HEREBY ORDERED**, pursuant to the provision of AS 21.09.140 (a) (2) that Certificate of Authority No F- 1034, issued to **THE HOME INSURANCE COMPANY** to transact the business of insurance in the State of Alaska shall be revoked. Pursuant to AS 21.09.160 (b), this suspension shall automatically revoke the authority of all its agents to act as agents of **THE HOME INSURANCE COMPANY** in this state.

**IT IS FURTHER ORDERED**, that Certificate of Authority No. F-1034, held in safekeeping by **THE HOME INSURANCE COMPANY** shall be returned to the Alaska Division of Insurance by January 1, 2004.

This Order is effective the 2<sup>nd</sup> day of December 2003.

Dated this 2<sup>nd</sup> day of December 2003.

  
LINDA S. HALL, DIRECTOR  
DIVISION OF INSURANCE