

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
DEVELOPMENT
DIVISION OF INSURANCE

550 W. 7th AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99501-3567

Order No. SR 09-03 (a)) Suspension of Certificate
In the Matter of) of Authority No. F-1707;
STANDARD LIFE INSURANCE) Order under the Provisions
COMPANY OF INDIANA) Of AS 21.09.140 (a) (3)
NAIC NO. 69051)
_____)

WHEREAS, a Certificate of Authority to transact the business of insurance
in the State of Alaska was issued to **STANDARD LIFE INSURANCE**
COMPANY OF INDIANA, domiciled in the State of Indiana.

WHEREAS, the Marion Circuit Court of the State of Indiana placed
STANDARD LIFE INSURANCE COMPANY OF INDIANA under an Order
of Rehabilitation, appointing the Insurance Commissioner of the State of Indiana
as rehabilitator on December 18, 2008.

IT IS HEREBY ORDERED, pursuant to the provision of AS21.09.140
(a)(3), that Certificate of Authority No. F-1707 issued to **STANDARD LIFE**

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
DEVELOPMENT
DIVISION OF INSURANCE
550 W. 7th AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99513-3567
PHONE: (907) 269-7900

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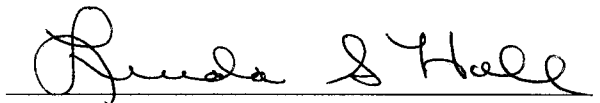
INSURANCE COMPANY OF INDIANA to transact the business of insurance in the State of Alaska shall be suspended until such time as it has returned to full compliance with Alaska Statutes unless terminated sooner as permitted by statute. Pursuant to AS 21.09.160 (b), this suspension shall automatically suspend the authority of all of its agents to act as agents of **STANDARD LIFE INSURANCE COMPANY OF INDIANA** in this state.

IT IS FURTHER ORDERED that during the period of suspension **STANDARD LIFE INSURANCE COMPANY OF INDIANA** shall not solicit or write new business in the State of Alaska but shall file the annual statement, pay fees and any taxes due as provided by AS 21.09.170(b).

IT IS FURTHER ORDERED, that Certificate of Authority No. F-1707 will continue to be held in safekeeping by **STANDARD LIFE INSURANCE COMPANY OF INDIANA** until such time as this order is replaced by an Order of Revocation, the Certificate of Authority is surrendered or the Certificate of Authority expires.

This Order is effective the 22nd day of April 2009

Dated this 22nd day of April 2009.



LINDA S. HALL, DIRECTOR
DIVISION OF INSURANCE

CERTIFICATE OF DISTRIBUTION

I hereby certify that copies of the documents(s) listed below were distributed to the listed parties and files by mail or by personal delivery. An original document has been forwarded to the insurer at the address listed and another original is in the Juneau office of the Division of Insurance for official filing.

Order signed by Director of Insurance on April 22, 2009, Order # SR 09-03 (a), in the Matter of **STANDARD LIFE INSURANCE COMPANY OF INDIANA.**

Randolph Lamberjack, Special Deputy Rehabilitator
Standard Life Insurance Company of Indiana
P.O. Box 80609
Indianapolis, Indiana 46280-0609

Jim Atterholt, Commissioner
Indiana Department of Insurance
311 W. Washington Street, Suite 300
Indianapolis, Indiana 46204

Don Thomas, Executive Director
Alaska Life and Health Guaranty Association
1007 W. Third Avenue, Suite 400
Anchorage, Alaska 99501

Financial Examiner's file of the Division of Insurance in Anchorage.

Date: April 22, 2009

Signed: Carla Riley

NOTICE OF REGULATORY ACTIVITY (RIRS)

For submission of regulatory actions reported to the NAIC.

ENTITY INFORMATION

Entity name, address and CoCode, AA/FEIN, SSN, or Entity Number are required.

Entity Name: Standard Life Insurance Company of Indiana
Last or Firm Name First Name Middle Name

NAIC Entity No.: _____ NAIC CoCode: 69051 AA/FEIN: _____

Entity Type Code (circle one): FIRM IND Entity Function Code (listed on back): UDT DOB: ____/____/____
(Firm) (Individual) MM DD YYYY

SSN: _____ Address: 10689 N. Pennsylvania St.

City: Indianapolis State: IN Zip: 46280 Phone: (____) _____

ACTION INFORMATION

ORIGIN OF ACTION

Check at least one item in the section below.

- | | | |
|---|---|--|
| <input type="checkbox"/> (1005) Complaint Investigation | <input type="checkbox"/> (1020) Insurer Report | <input type="checkbox"/> (1045) Combined Exam |
| <input type="checkbox"/> (1007) Field Investigation | <input type="checkbox"/> (1023) Statistical Filing | <input type="checkbox"/> (1050) Bankruptcy Notices |
| <input type="checkbox"/> (1008) Public Inquiry | <input type="checkbox"/> (1025) Legal | <input type="checkbox"/> (1055) Third Party Information |
| <input type="checkbox"/> (1010) Routine Dept. Action | <input type="checkbox"/> (1030) Market Conduct Exam | <input type="checkbox"/> (1060) Licensing Administration |
| <input checked="" type="checkbox"/> (1015) Other States Action | <input type="checkbox"/> (1035) Financial Exam | <input type="checkbox"/> (1063) Background Check |
| <input type="checkbox"/> (1018) Information/Referral from
Another State Agency | <input type="checkbox"/> (1040) Workers Comp Exam | <input type="checkbox"/> (1065) Other* _____ |

* if code (1065) is marked text must be included

REASON FOR ACTION

Check at least one item in the section below.

- | | | |
|--|---|---|
| <input type="checkbox"/> (2005) Underwriting | <input type="checkbox"/> (2038) Failure to Comply with Previous
Order | <input checked="" type="checkbox"/> (2065) Notice of Financial Impairment
from another state |
| <input type="checkbox"/> (2010) Marketing & Sales | <input type="checkbox"/> (2039) Failure to Maintain Books
& Records | <input type="checkbox"/> (2070) Financial Impairment |
| <input type="checkbox"/> (2012) Life Insurance Replacement
Violation | <input type="checkbox"/> (2040) Failure to Timely File | <input type="checkbox"/> (2072) Cure of Financial Impairment |
| <input type="checkbox"/> (2014) Misrepresentation of Insurance
Product/Policy | <input type="checkbox"/> (2042) Failure to Pay Child Support | <input type="checkbox"/> (2074) Other States Action |
| <input type="checkbox"/> (2015) Claim Handling | <input type="checkbox"/> (2045) Rebating | <input type="checkbox"/> (2075) Failure to report other state action |
| <input type="checkbox"/> (2020) Policyholder Service | <input type="checkbox"/> (2050) Rate Violation | <input type="checkbox"/> (2080) Dissolution |
| <input type="checkbox"/> (2025) Advertising | <input type="checkbox"/> (2053) Use of Unapproved Forms | <input type="checkbox"/> (2085) Failure to pay tax |
| <input type="checkbox"/> (2026) Premium Finance Act
Violation | <input type="checkbox"/> (2055) No License | <input type="checkbox"/> (2090) Failure to pay fine |
| <input type="checkbox"/> (2027) Surplus Lines Violation | <input type="checkbox"/> (2056) Demonstrated Lack of Fitness
or Trustworthiness | <input type="checkbox"/> (2095) Failure to pay assessment |
| <input type="checkbox"/> (2028) TPA Violation | <input type="checkbox"/> (2058) Misstatement on application | <input type="checkbox"/> (2097) Bail Bond Forfeiture Judgement |
| <input type="checkbox"/> (2029) Unfair Insurance Practices
Act Violation | <input type="checkbox"/> (2059) Failure to Make Required
Disclosure on License App | <input type="checkbox"/> (2100) No Certificate of Authority |
| <input type="checkbox"/> (2030) Failure to meet Continuing
Education Requirements | <input type="checkbox"/> (2060) Not Appointed | <input type="checkbox"/> (2101) Certification Violation |
| <input type="checkbox"/> (2032) Continuing Education
Requirements Met | <input type="checkbox"/> (2061) Selling for Unlicensed Insurer | <input type="checkbox"/> (2102) Unauthorized Insurance Business |
| <input type="checkbox"/> (2035) Failure to Respond | <input type="checkbox"/> (2062) Allowed Business from Agent
Not Appointed/Licensed | <input type="checkbox"/> (2103) Fiduciary Violation |
| <input type="checkbox"/> (2036) Late or Incomplete Response | <input type="checkbox"/> (2063) Employed Unlicensed Individuals | <input type="checkbox"/> (2104) Failure to Remit Premiums to
Insurer |
| <input type="checkbox"/> (2037) Failure to Notify Department of
Address Change | <input type="checkbox"/> (2064) Paid Commissions to
Unappointed Agents | <input type="checkbox"/> (2105) Misappropriation of premium |
| | | <input type="checkbox"/> (2106) Forgery |
| | | <input type="checkbox"/> (2107) Criminal Record/History |
| | | <input type="checkbox"/> (2108) Criminal Proceedings |
| | | <input type="checkbox"/> (2110) Reconsideration |
| | | <input type="checkbox"/> (2115) Other* _____ |

* if code (2115) is marked text must be included

Continue form on reverse side

DISPOSITION

Check at least one item in the section below.

- (3001) License, Denied
- (3003) License, Suspended
- (3004) License, Cancelled
- (3006) License, Revoked
- (3009) License, Probation
- (3010) License, Conditional
- (3011) License, Supervision
- (3012) License, Reinstatement
- (3013) License, Granted
- (3014) License, Surrendered
- (3015) License, Voluntarily Surrendered
- (3016) License, Other _____
- (3021) Certificate of Authority, Denied
- (3023) Certificate of Authority, Suspended
- (3025) Certificate of Authority, Suspension Extended

- (3026) Certificate of Authority, Revoked
- (3028) Certificate of Authority, Expired
- (3029) Certificate of Authority, Probation
- (3031) Certificate of Authority, Reinstated
- (3034) Certificate of Authority, Surrendered
- (3036) Certificate of Authority, Other _____
- (3042) Cease and Desist from Violations
- (3043) Cease and Desist from all Insurance Activity
- (3045) Consent Order
- (3046) Stipulated Agreement/Order
- (3047) Previous Order Vacated
- (3048) Ordered to provide requested information
- (3050) Temporary Restraining Order
- (3055) Reprimand
- (3060) Hearing Waiver

- (3065) Show Cause
- (3070) Re-exam
- (3075) Rescission of
- (3076) Involuntary Forfeiture
- (3078) Restitution
- (3079) Suspended from writing new business: renewals ok
- (3080) Supervision
- (3085) Rehabilitation
- (3090) Liquidation
- (3095) Conservatorship
- (3100) Receivership
- (3101) Ancillary Receivership
- (3102) Monetary Penalty
- (3103) Aggregate Monetary Penalty
- (3104) Settlement
- (3105) Other* _____

* if code (3105) is marked text must be included

Complete as needed.

Time or Length of Order (In days, or P = Permanent, or I = Indefinite) I

Complete as needed.

Penalty/Fine/Forfeiture \$ -0-

Required, please complete.

Action Date 4, 24, 2009

Required, please complete.

Effective Date 4, 24, 2009

Complete as needed.

File Reference # SR 09-03(a)

CONTACT INFORMATION

Required, please complete.

Action State: AK Contact Name: Last Hartman First Douglas MI R
 Phone: (907) 269-7806 e-mail address douglas.hartman@alaska.gov

Mail completed form to: NAIC, RIRS, 2301 McGee Suite 800 Kansas City, MO 64108 or
 Fax completed form to: NAIC - RIRS, 816 460 7510

ENTITY FUNCTION CODES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
ADJ	Adjuster/Appraiser	PFC	Premium Finance Company
AIR	Alien Insurer/Reinsurer	PPO	Preferred Provider Organization
CAI	Captive Insurer	PRE	President
CEO	Chief Executive Officer	PRI	Principa/Owner
COO	Chief Operating Officer	PRO	Producer (agency, brokerage, etc.)
DIT	Director/Trustee	REI	Reinsurance Intermediary
EMP	Employee	RPG	Risk Purchasing Group
HCP	Health Care Provider	RRF	Risk Retention Group
HMO	Health Maintenance Organization	SCY	Security
INC	Insurance Consultant	SEC	Secretary
JUA	Joint Underwriting Association	SEI	Self Insured
KEE	Key Employee	STF	State Funded
MET	MET/MEWA	TPA	Third Party Administrator
MGA	Managing General Agent	UDI	U.S. Domiciled Insurer
OFF	Officer	UNK	Unknown
OTH	Other	URO	Utilization Review Organization
		VIP	Vice President