

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 10-03 (b)) Revocation of Certificate
In the Matter of) of Authority No. F-315;
ATLANTIC MUTUAL) Order under the Provisions
INSURANCE COMPANY) Of AS 21.09.140 (a) (2)
NAIC NO. 19895)
_____)

WHEREAS, a Certificate of Authority to transact the business of insurance
in the State of Alaska was issued to **ATLANTIC MUTUAL INSURANCE**
COMPANY, domiciled in the State of New York.

WHEREAS, the Supreme Court of the State of New York, County of New
York has placed **ATLANTIC MUTUAL INSURANCE COMPANY** under an
Order of Liquidation with further efforts to rehabilitate the company considered
to be futile with the Superintendent of Insurance for the State of New York
appointed as liquidator on April 16, 2011.

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DEVELOPMENT
DIVISION OF INSURANCE
550 W. 7th AVENUE SUITE 1560
ANCHORAGE, ALASKA 99513-3567
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IT IS HEREBY ORDERED, pursuant to the provision of AS 21.09.140 (a) (2), that Certificate of Authority No. F-315 issued to **ATLANTIC MUTUAL INSURANCE COMPANY** to transact the business of insurance in the State of Alaska shall be revoked. Pursuant to AS 21.09.160 (b), this revocation shall automatically revoke the authority of all of its agents to act as agents of **ATLANTIC MUTUAL INSURANCE COMPANY** in this state.

IT IS FURTHER ORDERED, that Certificate of Authority No. F-315 held by **ATLANTIC MUTUAL INSURANCE COMPANY** shall be returned to the Alaska Division of Insurance by June 3, 2011.

This Order is effective the 12th day of May 2011

Dated this 12th day of May 2011.



LINDA S. HALL, DIRECTOR
DIVISION OF INSURANCE