

1 CERTIFIED MAIL
2 RETURN RECEIPT REQUESTED
3

4 STATE OF ALASKA
5 DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
6 DEVELOPMENT

7 DIVISION OF INSURANCE
8 550 WEST 7TH AVENUE, SUITE 1560
9 ANCHORAGE, ALASKA 99501-3567
10

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12 Order No. SR 04-05(a)) Suspension of Certificate of
13) Authority No F-8417;
14 In the Matter of) Order under the Provisions
15 **CASCADE NATIONAL**) Of AS 21.09.140 (a) (2)
16 **INSURANCE COMPANY**)
17 NAIC NO. 10175)
18 _____)

19
20 **WHEREAS**, a Certificate of Authority to transact the business of insurance
21 in the State of Alaska was issued to **CASCADE NATIONAL INSURANCE**
22 **COMPANY**, domiciled in the State of Washington.
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25 **WHEREAS**, the State of Washington Thurston County Superior Court has
26 placed **CASCADE NATIONAL INSURANCE COMPANY** in Rehabilitation
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STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
DEVELOPMENT
DIVISION OF INSURANCE
550 WEST SEVENTH AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99501-3567
PHONE: (907) 269-7900

1 naming the Insurance Commissioner of the State of Washington as Receiver on
2 November 30, 2004.
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5 **WHEREAS**, the 2004 Third Quarter Statement shows that **CASCADE**
6 **NATIONAL INSURANCE COMPANY** fails to meet the capital and surplus
7 requirements of AS 21.09.070.
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10 **IT IS HEREBY ORDERED**, pursuant to the provision of
11 AS 21.09.140 (a) (2) that Certificate of Authority No. 8417 issued to **CASCADE**
12 **NATIONAL INSURANCE COMPANY** to transact the business of insurance in
13 the State of Alaska shall be suspended until such time as the insurer has returned
14 to full compliance with Alaska statutes and all orders issued in the domestic state
15 are removed resulting in the insurer's return to good standing in its state of
16 domicile. Pursuant to AS 21.09.160 (b), this suspension shall automatically
17 suspend the authority of all of its agents to act as agents of **CASCADE**
18 **NATIONAL INSURANCE COMPANY** in this state.
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22 **IT IS FURTHER ORDERED**, that during the period of suspension,
23 **CASCADE NATIONAL INSURANCE COMPANY** shall not solicit or write
24 any new business in the State of Alaska but shall file its Annual Statement, pay
25 fees and any taxes due as provided by AS 21.09.170 (b).
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IT IS FURTHER ORDERED, that Certificate of Authority No. F-8417
will continue to be held in safekeeping by **CASCADE NATIONAL**
INSURANCE COMPANY until such time as this order is replaced by an Order
of Revocation or the Certificate of Authority is surrendered.

This Order is effective the 10th day of December 2004

Dated this 10th day of December 2004.



LINDA S. HALL, DIRECTOR
DIVISION OF INSURANCE