

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
3601 C STREET, SUITE 1324
ANCHORAGE, ALASKA 99503-5948

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
3601 C STREET, SUITE 1324
ANCHORAGE, ALASKA 99503-5948
PHONE: (907) 269-7900
FAX: (907) 269-7910 / TDD: (907) 465-5437

Order No. SR 02-02 (a)) Suspension of Certificate of
) Authority No F-8108
In the Matter of) Order under the Provisions
WESTERN INDEMNITY) Of AS 21.09.140 (a) (3)
INSURANCE COMPANY)
NAIC NO. 29548)
_____)

WHEREAS, a Certificate of Authority to transact the business of insurance
in the State of Alaska was issued to **WESTERN INDEMNITY INSURANCE**
COMPANY, domiciled in the State of Texas.

WHEREAS, the State of Texas, Department of Insurance has declared
WESTERN INDEMNITY INSURANCE COMPANY in hazardous financial

1 condition and has placed the company under an order of conservation dated
2 September 14, 2001.
3

4
5 **WHEREAS**, AS 21.09.140 (a) (3) states that the director shall suspend or
6 revoke an insurer's Certificate of Authority if the insurer's authority to transact
7 insurance is suspended or revoked by its state of domicile.
8

9
10 **IT IS HEREBY ORDERED**, pursuant to the provision of AS 21.09.140 (a)
11 (3) that Certificate of Authority No F- 8108 issued to **WESTERN INDEMNITY**
12 **INSURANCE COMPANY** to transact the business of insurance in the State of
13 Alaska shall be suspended for a period of one year unless terminated sooner as
14 permitted by statute. Pursuant to AS 21.09.160 (b), this suspension shall
15 automatically suspend the authority of all its agents to act as agents of
16 **WESTERN INDEMNITY INSURANCE COMPANY** in this state.
17

18
19
20 **IT IS FURTHER ORDERED**, during the period of suspension,
21 **WESTERN INDEMNITY INSURANCE COMPANY** shall not solicit or write
22 any new business in Alaska, but shall file the Annual Statement, pay fees and any
23 taxes due as provided by AS 21.09.170 (b).
24

25
26
27 **IT IS FURTHER ORDERED** that Certificate of Authority No. F- 8108
28

29
STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
3601 C STREET, SUITE 1324
ANCHORAGE, ALASKA 99503-5948
PHONE: (907) 269-7900
FAX: (907) 269-7910 / TDD: (907) 465-5437

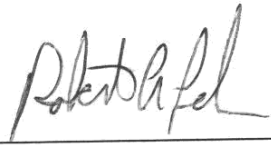
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

will continue to be held in safekeeping by **WESTERN INDEMNITY
INSURANCE COMPANY** until such time as this Order of Suspension is
replaced by an order of Revocation or the Certificate of Authority is surrendered.

This Order is effective the 26th day of March 2002

Dated this 26th day of March 2002.

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
3601 C STREET, SUITE 1324
ANCHORAGE, ALASKA 99503-5948
PHONE: (907) 269-7900
FAX: (907) 269-7910 / TDD: (907) 465-5437



ROBERT A. LOHR, DIRECTOR
DIVISION OF INSURANCE