

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
550 WEST 7TH AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99501-3567

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
550 WEST 7TH AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99501-3567
PHONE: (907) 269-7900
FAX: (907) 269-7910 / TDD: (907) 465-5437

Order No. SR 92-07 (m)) Expiration of Certificate of
) Authority No F-0693;
In the Matter of) Order under the Provisions
AMERICAN FINANCIAL) of AS 21.09.170
SECURITY LIFE INSURANCE)
COMPANY)
NAIC NO. 69337)

WHEREAS, a Certificate of Authority to transact the business of insurance
in the State of Alaska was issued to **AMERICAN FINANCIAL SECURITY**
LIFE INSURANCE COMPANY, domiciled in the State of Missouri.

WHEREAS, the Circuit Court of Cole County, Missouri entered an Order
of Rehabilitation dated March 30, 1993, appointing the director of the Department

1 of Insurance of the State of Missouri as rehabilitator for **AMERICAN**
2 **FINANCIAL SECURITY LIFE INSURANCE COMPANY**. The company
3 continues under the Order of Supervision to the present time.
4

5
6 **WHEREAS**, the Certificate of Authority issued to **AMERICAN**
7 **FINANCIAL SECURITY LIFE INSURANCE COMPANY** to transact the
8 business of insurance in the State of Alaska was suspended effective September
9 2, 1992, for a period of one year and that suspension has continued to the present.
10

11
12 **WHEREAS**, Certificate of Authority No. F-0693 issued to **AMERICAN**
13 **FINANCIAL SECURITY LIFE INSURANCE COMPANY** to transact the
14 business of insurance in the State of Alaska will expire on September 2, 2004 as
15 there has been no evidence presented that the Certificate of Authority issued to
16 **AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY** has
17 been reinstated and the company is in good standing in the State of Missouri, its
18 state of domicile. AS 21.09.070 (d) provides that if satisfactory evidence of the
19 occurrence of a specific event has not been presented to the director within five
20 years after the date of suspension, the Certificate of Authority shall expire.
21
22

23
24
25 **IT IS HEREBY ORDERED** that Certificate of Authority No. F- 0693 held
26 in safekeeping by **AMERICAN FINANCIAL SECURITY LIFE INSURANCE**
27
28
29

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

COMPANY shall be returned to the Alaska Division of Insurance by October 2, 2004. Pursuant to AS 21.09.160 (b), this expiration shall automatically revoke the authority of all its agents to act as agents of **AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY** in this state.

This Order is effective the 2nd day of September 2004

Dated this 20th day of August 2004.



LINDA S. HALL, DIRECTOR
DIVISION OF INSURANCE

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
550 WEST 7th AVENUE, Suite 1560
ANCHORAGE, ALASKA 99501-3567
PHONE: (907) 269-7900
FAX: (907) 269-7910 / TDD: (907) 465-5437