

1 CERTIFIED MAIL
2 RETURN RECEIPT REQUESTED
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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
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12 Order No. SR 04-05(b)) Revocation 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.

23
24 **WHEREAS**, the Certificate of Authority issued to **CASCADE**
25 **NATIONAL INSURANCE COMPANY** to transact the business of insurance in
26 the State of Alaska was suspended on December 10, 2004 and that suspension has
27 been continued to the present.
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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
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WHEREAS, on November 4, 2005, the State of Washington, Thurston County Superior Court placed **CASCADE NATIONAL INSURANCE COMPANY** under an Order of Liquidation with a finding of insolvency.

IT IS HEREBY ORDERED, pursuant to the provision of AS 21.09.140 (a) (2) that Certificate of Authority No. F-8417 issued to **CASCADE NATIONAL INSURANCE COMPANY** to transact the business of insurance in the State of Alaska shall be revoked. Pursuant to AS 21.09.160 (b), this suspension shall automatically revoke the authority of all of its agents to act as agents of **CASCADE NATIONAL INSURANCE COMPANY** in this state.

IT IS FURTHER ORDERED, that Certificate of Authority No. F-8417 held by **CASCADE NATIONAL INSURANCE COMPANY** shall be returned to the Alaska Division of Insurance by March 31, 2006.

This Order is effective the 28th day of February 2006

Dated this 25th day of February 2006.



LINDA S. HALL, DIRECTOR
DIVISION OF INSURANCE