

1 CERTIFIED MAIL
2 RETURN RECEIPT REQUESTED
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5 STATE OF ALASKA
6 DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
7 DEVELOPMENT

8 DIVISION OF INSURANCE
9 550 WEST 7TH AVENUE, SUITE 1560
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12 Order No. SR 02-09(e)) Expiration of Certificate of
13 In the Matter of) Authority No F-1268
14 **FIRST CONTINENTAL LIFE**) Order under the Provisions
15 **& ACCIDENT INSURANCE**) AS 21.09.170
16 **COMPANY**)
17 **NAIC NO. 64696**)
18

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20 **WHEREAS**, a Certificate of Authority to transact the business of insurance
21 in the State of Alaska was issued to **FIRST CONTINENTAL LIFE &**
22 **ACCIDENT INSURANCE COMPANY**, domiciled in the State of Texas.
23

24 **WHEREAS**, the Certificate of Authority issued to **FIRST**
25 **CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY** to transact
26 the business of insurance in the State of Alaska was suspended effective May 21,
27 2005, for failure to meet the capital and surplus requirements of AS 21.09.070
28 and that suspension has continued to the present.
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STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
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