

1 CERTIFIED MAILED
2 RETURN RECEIPT REQUESTED

3
4 STATE OF ALASKA
5 DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
6 DIVISION OF INSURANCE
7 P.O. BOX 110805
8 JUNEAU, AK 99811-0805

9 Order No. SR 99-01) Order under the Provisions
10 In the Matter of) Of AS 21.09.140(a)(2);
11 **THE VICTORY LIFE INSURANCE**) Revocation of Certificate of
12 **COMPANY**) Authority No F-1471
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WHEREAS, a Certificate of Authority to transact the business of insurance in the State of Alaska has been issued to **THE VICTORY LIFE INSURANCE COMPANY**, domiciled in Kansas.

WHEREAS, 21.09.140(a)(2) states that the Director shall suspend or revoke an insurer's certificate of authority if the insurer no longer meets the requirements for the authority granted, on account of the insurer becoming impaired or insolvent.

WHEREAS, On December 31, 1998, **THE VICTORY LIFE INSURANCE COMPANY** was liquidated and dissolved and the certificate of authority from Kansas, the state of domicile, was cancelled.

It is hereby ordered pursuant to the provision of AS 21.09.140 that Certificate of Authority No F-1471 issued to **THE VICTORY LIFE INSURANCE COMPANY** to transact the business of insurance in the State of Alaska shall be revoked.

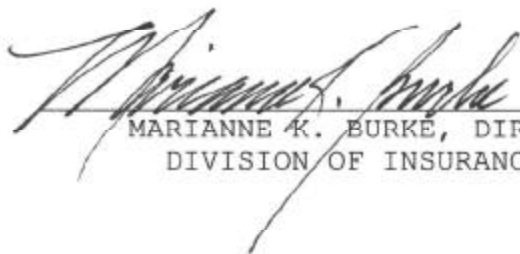
STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
3601 C STREET, SUITE 1324
ANCHORAGE, ALASKA 99503-5948
PHONE (907) 269-7900
FAX (907) 269-7910
TDD (907) 465-5437

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1 It is further ordered that Certificate of Authority No. F-
2 1471 in safekeeping by **THE VICTORY LIFE INSURANCE COMPANY** shall
3 be returned to the Alaska Division of Insurance by April 30,
4 1999. An Affidavit of Loss shall be filed if the original
5 Certificate of Authority is not available.

6 This order is effective 1st day of April 1999.

7 Date this 1st day of April 1999.

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11 MARIANNE K. BURKE, DIRECTOR
12 DIVISION OF INSURANCE
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