

1 CERTIFIED MAILED
2 RETURN RECEIPT REQUESTED

3
4 STATE OF ALASKA
5 DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
6 DIVISION OF INSURANCE
7 3601 C Street, Suite 1324
8 Anchorage, Alaska 99503-5948

9 Order No. SR 00-03(a)) Revocation of Certificate of
10 In the Matter of) Authority No F-1711;
11 HAMILTON INSURANCE COMPANY) Order under the Provisions
12 NAIC NO. 11444) Of AS 21.09.140(a)(1)
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18 WHEREAS, a Certificate of Authority to transact the
19 business of insurance in the State of Alaska has been issued
20 to HAMILTON INSURANCE COMPANY, domiciled in Pennsylvania.

21 WHEREAS, the Commonwealth Court of Pennsylvania has placed
22 HAMILTON INSURANCE COMPANY under an Order of Liquidation,
23 dated August 3, 2000.

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

It is hereby ordered pursuant to the provision of AS
21.09.140(a)(2) that Certificate of Authority No F-1711
issued to HAMILTON INSURANCE COMPANY to transact the business
of insurance in the State of Alaska shall be revoked.

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

1 It is further ordered that Certificate of Authority No. F-
2 1711 in safekeeping by **HAMILTON INSURANCE COMPANY** shall be
3 returned to the Alaska Division of Insurance by November 15,
4 2000. An Affidavit of Loss shall be filed if the original
5 Certificate of Authority is not available.

6 This order is effective the 30th day of October 2000.

7 Dated this 18th day of October 2000.

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12 ROBERT A. LOHR, DIRECTOR
13 DIVISION OF INSURANCE
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