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CERTIFIED MAIL
RETURN RECEIPT REQUESTED

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
550 W. 7th AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99501-3567

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

Order No. SR 02-10 (a)) Suspension of Certificate of
) Authority No F-1586
In the Matter of) Order under the Provisions
PROVIDENT INDEMNITY) Of AS 21.09.140 (a) (2)
LIFE INSURANCE COMPANY)
NAIC NO. 68187)
_____)

WHEREAS, a Certificate of Authority to transact the business of insurance
in the State of Alaska was issued to **PROVIDENT INDEMNITY LIFE**
INSURANCE COMPANY, domiciled in the Commonwealth of Pennsylvania.

WHEREAS, the 2001 Annual Statement for **PROVIDENT INDEMNITY**
LIFE INSURANCE COMPANY shows that the company fails to meet the

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1 minimum Capital and Surplus requirement of AS 21.09.070 for the kinds of
2 insurance authorized.
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5 **IT IS HEREBY ORDERED**, pursuant to the provision of AS 21.09.140 (a)
6 (2) that Certificate of Authority No F- 1586 issued to **PROVIDENT**
7 **INDEMNITY LIFE INSURANCE COMPANY** to transact the business of
8 insurance in the State of Alaska shall be suspended for a period of one year unless
9 terminated sooner as permitted by statute. Pursuant to AS 21.09.160 (b), this
10 suspension shall automatically suspend the authority of all its agents to act as
11 agents of **PROVIDENT INDEMNITY LIFE INSURANCE COMPANY** in
12 this state.
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16 **IT IS FURTHER ORDERED**, during the period of suspension,
17 **PROVIDENT INDEMNITY LIFE INSURANCE COMPANY** shall not solicit
18 or write any new business in Alaska, but shall file the Annual Statement, pay fees
19 and any taxes due as provided by AS 21.09.170 (b).
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23 **IT IS FURTHER ORDERED** that Certificate of Authority No. F- 1586
24 will continue to be held in safekeeping by **PROVIDENT INDEMNITY LIFE**
25 **INSURANCE COMPANY** until such time as this Order of Suspension is
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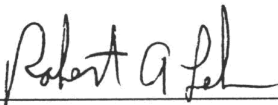
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replaced by an Order of Revocation or the Certificate of Authority is surrendered.

This Order is effective the 3rd day of May 2002

Dated this 3rd day of May 2002.



ROBERT A. LOHR, DIRECTOR
DIVISION OF INSURANCE