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CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

**STATE OF ALASKA**  
**DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT**  
**DIVISION OF INSURANCE**  
550 WEST 7<sup>TH</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99501-3567

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF INSURANCE  
550 WEST 7<sup>TH</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99501-3567  
PHONE: (907) 269-7900  
FAX: (907) 269-7910 / TDD: (907) 465-5437

Order No. SR 04-01(a) ) Suspension of Certificate of  
 ) Authority No F-1681;  
In the Matter of ) Order under the Provisions  
**WESTERN UNITED LIFE** ) of AS 21.09.150(c)  
**ASSURANCE COMPANY** )  
NAIC NO. 77925 )  
\_\_\_\_\_ )

**WHEREAS**, a Certificate of Authority to transact the business of insurance  
in the State of Alaska was issued to **WESTERN UNITED LIFE ASSURANCE**  
**COMPANY**, domiciled in the State of Washington.

**WHEREAS**, the State of Washington, Thurston County Superior Court, has  
placed **WESTERN UNITED LIFE ASSURANCE COMPANY** under an Order  
of Rehabilitation appointing the Insurance Commissioner of the State of  
Washington as receiver on March 2, 2004.

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**IT IS HEREBY ORDERED**, pursuant to the provision of AS 21.09.150(c) that Certificate of Authority No. F-1681 issued to **WESTERN UNITED LIFE ASSURANCE COMPANY** to transact the business of insurance in the State of Alaska shall be suspended for a period of one year unless terminated sooner as permitted by statute. Pursuant to AS 21.09.160 (b), this suspension shall automatically suspend the authority of all of its agents to act as agents of **WESTERN UNITED LIFE ASSURANCE COMPANY** in this state.

**IT IS FURTHER ORDERED**, that during the period of the suspension, **WESTERN UNITED LIFE ASSURANCE COMPANY** shall not solicit or write any new business in the State of Alaska but shall file its Annual Statement, pay fees and any taxes due as provided by AS 21.09.170(b).

**IT IS FURTHER ORDERED**, that Certificate of Authority No. F-1681 will continue to be held in safekeeping by **WESTERN UNITED LIFE ASSURANCE COMPANY** until such time as this order is replaced by an Order of Revocation or the Certificate of Authority is surrendered.

This Order is effective the 10<sup>th</sup> day of March 2004

Dated this 10<sup>th</sup> day of March 2004.



LINDA S. HALL, DIRECTOR  
DIVISION OF INSURANCE