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CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

**STATE OF ALASKA**  
**DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC**  
**DEVELOPMENT**  
**DIVISION OF INSURANCE**

550 WEST 7<sup>TH</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99501-3567

Order No. SR 03-01(d) ) Expiration of Certificate of  
In the Matter of ) Authority No. F-970  
**COMPASS INSURANCE** ) Order under the Provisions  
**COMPANY** ) AS 21.09.170  
NAIC NO. 21989 )

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ANCHORAGE, ALASKA 99501-3567  
PHONE: (907) 269-7900

**WHEREAS**, a Certificate of Authority to transact the business of insurance  
in the State of Alaska was issued to **COMPASS INSURANCE COMPANY**,  
domiciled in the State of New York.

**WHEREAS**, the Certificate of Authority issued to **COMPASS**  
**INSURANCE COMPANY** to transact the business of insurance in the State of  
Alaska was suspended effective March 20, 2003, for failure to meet the capital

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requirements of AS 21.09.070 for a period of one year and that suspension has been extended to the present.

**WHEREAS**, Certificate of Authority No. F-970 issued to **COMPASS INSURANCE COMPANY** to transact the business of insurance in the State of Alaska will expire on March 20, 2008 as there has been no satisfactory evidence presented that the Certificate of Authority issued to **COMPASS INSURANCE COMPANY** meets the Capital and Surplus requirements of the State of Alaska under AS 21.09.070 (d) within five years after the date of suspension.

**IT IS HEREBY ORDERED** that Certificate of Authority No. F- 970 held in safekeeping by **COMPASS INSURANCE COMPANY** shall be returned to the Alaska Division of Insurance by May 1, 2008. Pursuant to AS 21.09.160 (b), this expiration shall automatically revoke the authority of all its agents to act as agents of **COMPASS INSURANCE COMPANY** in this state.

This Order is effective the 20th day of March 2008

Dated this 21<sup>st</sup> day of March 2008.



LINDA S. HALL, DIRECTOR  
DIVISION OF INSURANCE