

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

550 W. 7th AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99501-3567

Order No. SR 10-06 (a)) Revocation of Certificate
In the Matter of) of Authority No. F-439;
IMPERIAL CASUALTY AND) Order under the Provisions
INDEMNITY COMPANY) Of AS 21.09.140 (a) (2)
NAIC NO. 11487)
_____)

WHEREAS, a Certificate of Authority to transact the business of insurance
in the State of Alaska was issued to **IMPERIAL CASUALTY AND**
INDEMNITY COMPANY, domiciled in the State of Oklahoma.

WHEREAS, the District Court of Oklahoma County, State of Oklahoma
has placed **IMPERIAL CASUALTY AND INDEMNITY COMPANY** under a
Consent Order of Liquidation with finding of insolvency and permanent

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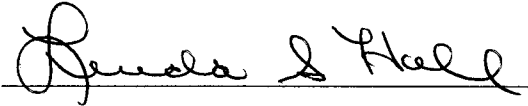
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injunction appointing the Insurance Commissioner of the State of Oklahoma as receiver on May 12, 2010.

IT IS HEREBY ORDERED, pursuant to the provision of AS 21.09.140 (a) (2), that Certificate of Authority No. F-439 issued to **IMPERIAL CASUALTY AND INDEMNITY COMPANY** to transact the business of insurance in the State of Alaska shall be revoked. Pursuant to AS 21.09.160 (b), this revocation shall automatically revoke the authority of all of its agents to act as agents of **IMPERIAL CASUALTY AND INDEMNITY COMPANY** in this state.

IT IS FURTHER ORDERED, that Certificate of Authority No. F-439 held by **IMPERIAL CASUALTY AND INDEMNITY COMPANY** shall be returned to the Alaska Division of Insurance by June 21, 2010.

This Order is effective the 24th day of May 2010
Dated this 24th day of May 2010.


LINDA S. HALL, DIRECTOR
DIVISION OF INSURANCE