

1 CERTIFIED MAIL
2 RETURN RECEIPT REQUESTED

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5 STATE OF ALASKA
6 DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
7 DIVISION OF INSURANCE
8 3601 C STREET, SUITE 1324
9 ANCHORAGE, ALASKA 99503-5948
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12 Order No. SR 01-15(a)) Revocation of Certificate of
13) Authority No F- 1722;
14 In the Matter of) Order under the Provisions
15 **FAR WEST**) Of AS 21.09.140
16 **INSURANCE COMPANY**)
17)
18 NAIC NO. 42633)
19 _____)

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21 **WHEREAS**, a Certificate of Authority to transact the business of insurance
22 in the State of Alaska was issued to **FAR WEST INSURANCE COMPANY**,
23 domiciled in the State of Nebraska.

24 **WHEREAS**, **FAR WEST SURETY INSURANCE COMPANY** was
25 found to be insolvent and placed under an Order of Liquidation by the District
26 Court of Lancaster County, Nebraska on November 9, 2001.
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STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
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