

1 CERTIFIED MAILED
2 RETURN RECEIPT REQUESTED

3
4 **STATE OF ALASKA**
5 **DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT**
6 **DIVISION OF INSURANCE**
7 **P.O. BOX 110805**
8 **JUNEAU, AK 99811-0805**

9 Order No. SR 95-06(e)) Order under the Provisions
10) Of AS 21.09.140(a)(3);
11 In the Matter of) Revocation of Certificate of
12 **ELITE INSURANCE COMPANY U.S.**) Authority No F-1534
13 **BRANCH**)
14)
15 NAIC NO. 10979)
16)
17)
18)
19)

20 **WHEREAS**, a Certificate of Authority to transact the
21 business of insurance in the State of Alaska has been issued to
22 **ELITE INSURANCE COMPANY U.S. BRANCH**, using California as their
23 port of entry.

24 **WHEREAS**, 21.09.140(a)(3) states that the Director shall
25 suspend or revoke an insurer's certificate of authority if the
26 insurer's authority to transact insurance is suspended or
27 revoked by its state of domicile, or state of entry into the
28 United States if an alien insurer.

29 **WHEREAS**, On May 11, 1998, **ELITE INSURANCE COMPANY U.S.**
30 **BRANCH** has withdrawn as an insurer in its port of entry,
31 California.

32 It is hereby ordered pursuant to the provision of AS
33 21.09.140 that Certificate of Authority No F-1534 issued to

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
3601 C STREET, SUITE 1324
ANCHORAGE, ALASKA 99503-5948
PHONE (907) 269-7900
FAX (907) 269-7910
TDD (907) 465-5437

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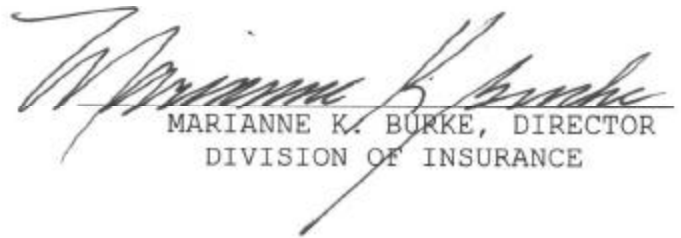
1 **ELITE INSURANCE COMPANY U.S. BRANCH** to transact the business of
2 insurance in the State of Alaska shall be revoked.

3 It is further ordered that Certificate of Authority No. F-
4 1534 in safekeeping by **ELITE INSURANCE COMPANY U.S. BRANCH**
5 shall be returned to the Alaska Division of Insurance by June
6 15, 1999. An Affidavit of Loss shall be filed if the original
7 Certificate of Authority is not available.

8 This order is effective 13th day of May 1999.

9 Date this 13th day of May 1999.

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MARIANNE K. BURKE, DIRECTOR
DIVISION OF INSURANCE