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CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF INSURANCE  
3601 C STREET, SUITE 1324  
ANCHORAGE, ALASKA 99503-5948

Order No. SR 01-12(a) ) Revocation of Certificate of  
) Authority No F- 1511;  
In the Matter of ) Order under the Provisions  
**AMWEST SURETY** ) Of AS 21.09.140  
**INSURANCE COMPANY** )  
)  
NAIC NO. 34983 )  
\_\_\_\_\_ )

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3601 C STREET, SUITE 1324  
ANCHORAGE, ALASKA 99503-5948  
PHONE: (907) 269-7900  
FAX: (907) 269-7910 / TDD: (907) 465-5437

**WHEREAS**, a Certificate of Authority to transact the business of insurance  
in the State of Alaska was issued to **AMWEST SURETY INSURANCE**  
**COMPANY**, domiciled in the State of Nebraska.

**WHEREAS**, **AMWEST SURETY INSURANCE COMPANY** was found  
to be insolvent and placed into liquidation by an order of the District Court of  
Lancaster County, Nebraska on June 7, 2001.

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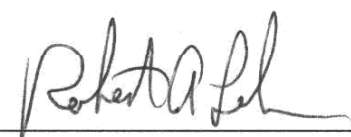
**WHEREAS**, AS 21.09140(a)(2) states that the director shall suspend or revoke an insurer's Certificate of Authority if the insurer no longer meets the requirements for the authority granted, on account of the insurer becoming impaired or insolvent or otherwise.

**IT IS HEREBY ORDERED**, pursuant to the provision of AS 21.09.140(a)(2) that Certificate of Authority No F- 1511 issued to **AMWEST SURETY INSURANCE COMPANY** to transact the business of insurance in the State of Alaska shall be revoked. The authority of all persons to act as agents of **AMWEST SURETY INSURANCE COMPANY** in the State of Alaska shall be revoked.

**IT IS FURTHER ORDERED**, that Certificate of Authority No. F-1511 held in safekeeping by **AMWEST SURETY INSURANCE COMPANY** shall be returned to the Alaska Division of Insurance by July 15, 2001. An Affidavit of Loss shall be filed if the Original Certificate of Authority is not available.

This Order is effective the 15<sup>th</sup> day of June 2001

Dated this 15<sup>th</sup> day of June 2001.

  
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ROBERT A. LOHR, DIRECTOR  
DIVISION OF INSURANCE