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CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

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

Order No. SR 02-03(b)) Revocation of Certificate of
) Authority No F- 8338
In the Matter of) Order under the Provisions
PAULA INSURANCE) Of AS 21.09.140 (a) (2)
COMPANY)
NAIC NO. 32115)
_____)

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
550 W. 7th AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99501-3567
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 **PAULA INSURANCE COMPANY**,
domiciled in the State of California.

WHEREAS, the Superior Court of the State of California for the County of
Los Angeles on June 21, 2002, placed **PAULA INSURANCE COMPANY** under
an Order of Liquidation with a finding of insolvency.

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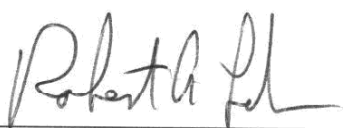
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IT IS HEREBY ORDERED, pursuant to the provision of AS 21.09.140 (a) (2) that Certificate of Authority No F- 8338 issued to **PAULA INSURANCE COMPANY** to transact the business of insurance in the State of Alaska shall be revoked. Pursuant to AS 21.09.160 (b), this suspension shall automatically revoke the authority of all its agents to act as agents of **PAULA INSURANCE COMPANY** in this state.

IT IS FURTHER ORDERED that Certificate of Authority No. F- 8338 held in safekeeping by **PAULA INSURANCE COMPANY** shall be returned to the Alaska Division of Insurance by August 1, 2002.

This Order is effective the 15th day of July 2002

Dated this 15th day of July 2002.



ROBERT A. LOHR, DIRECTOR
DIVISION OF INSURANCE