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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 02-06 (c)) Revocation of Certificate of
) Authority No. F-619
In the Matter of) Order under the Provisions
LEGION INSURANCE) Of AS 21.09.140 (a) (2)
COMPANY)
NAIC NO. 24422)
_____)

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
550 W. 7th AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99513-3967
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 **LEGION INSURANCE COMPANY**,
domiciled in the Commonwealth of Pennsylvania.

WHEREAS, the Commonwealth Court of Pennsylvania has ordered
LEGION INSURANCE COMPANY into liquidation by reason of insolvency
effective July 28, 2003.

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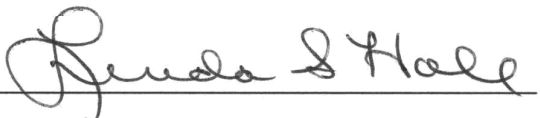
WHEREAS, AS 21.09.140 (a) (2) states that the director shall suspend or revoke an insurer's Certificate of Authority if the insurer no longer meets requirements for the authority granted, on account of the insurer becoming impaired or insolvent or otherwise.

IT IS HEREBY ORDERED, pursuant to the provision of AS 21.09.140 (a) (2) that Certificate of Authority No. F- 619 issued to **LEGION INSURANCE 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 its agents to act as agents of **LEGION INSURANCE COMPANY** in this state.

IT IS FURTHER ORDERED, that Certificate of Authority No. F- 619 held in safekeeping by **LEGION INSURANCE COMPANY** shall be returned to the Alaska Division of Insurance by September 2, 2003. An Affidavit of Loss shall be filed if the original Certificate of Authority is not available.

This Order is effective the 1st day of August 2003

Dated this 1st day of August 2003.


LINDA S. HALL, DIRECTOR
DIVISION OF INSURANCE