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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

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
550 W. 7th AVENUE SUITE 1560
ANCHORAGE, ALASKA 99513-3567
PHONE: (907) 269-7900
FAX: (907) 269-7910 / TDD: (907) 465-5437

Order No. SR 04-04 (a)) Suspension of Certificate
) of Authority No F- 10194;
In the Matter of) Order under the Provisions
MERASTAR INSURANCE) Of AS 21.09.130
COMPANY)
NAIC NO. 31968)
_____)

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

WHEREAS, **MERASTAR INSURANCE COMPANY** has failed to pay the 2005 continuation fee as required by AS 21.09.130 (b) by the June 30, 2004 due date.

IT IS HEREBY ORDERED, pursuant to the provision of AS 21.09.130 that Certificate of Authority No F-10194 issued to **MERASTAR**

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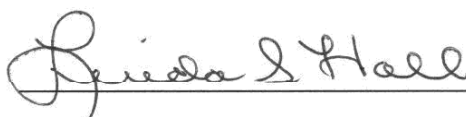
INSURANCE COMPANY to transact the business of insurance in the State of Alaska shall be suspended for a period of one year unless terminated sooner as permitted by statute. Pursuant to AS 21.09.160(b), this suspension shall automatically suspend the authority of all agents to act as agents of **MERASTAR INSURANCE COMPANY** in this state.

IT IS FURTHER ORDERED, that during the period of suspension, **MERASTAR INSURANCE COMPANY** shall not solicit or write new business in the State of Alaska, but shall file the annual statement, pay fees and any taxes due as provided by AS 21.09.170(b).

IT IS FURTHER ORDERED, that Certificate of Authority No. 10194 will continue to be held in safekeeping by **MERASTAR INSURANCE COMPANY**.

This Order is effective the 21ST day of July 2004

Dated this 21ST day of July 2004.



LINDA S. HALL, DIRECTOR
DIVISION OF INSURANCE