

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
550 W. 7th AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99501-3567

Order No. SR 07-02 (a)) Suspension of Certificate
In the Matter of) of Authority No. D - 10544;
ALASKA STATE MEDICAL) Order under the Provisions
ASSOCIATION HEALTH CARE) Of AS 21.09.140 (a) (2)
PLAN)
_____)

WHEREAS, a Certificate of Authority to transact business as a Multiple Employer Welfare Arrangement in the State of Alaska was issued to, **ALASKA STATE MEDICAL ASSOCIATION HEALTH CARE PLAN**, domiciled in the State of Alaska.

WHEREAS, the financial statements for the period ending December 31, 2006 filed under AS 21.85.080 shows that **ALASKA STATE MEDICAL ASSOCIATION HEALTH CARE PLAN**, fails to meet the minimum reserve requirements of AS 21.85.050.

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550 W. 7th AVENUE SUITE 1560
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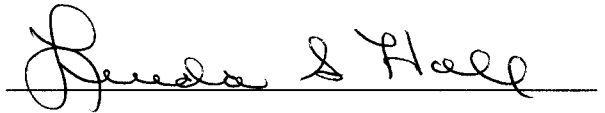
1 **WHEREAS**, pursuant to the provision of AS 21.09.140 (a) (2), it is hereby
2 ordered that Certificate of Authority No. D - 10544, issued to **ALASKA STATE**
3 **MEDICAL ASSOCIATION HEALTH CARE PLAN** to transact the business
4 of a Multiple Employer Welfare Arrangement in the State of Alaska shall be
5 suspended until such time as the Multiple Employer Welfare Arrangement has
6 returned to full compliance with Alaska Statutes unless terminated sooner as
7 permitted by statute. Pursuant to AS 21.09.160 (b), this suspension shall
8 automatically suspend the authority of all of its business producing agents to act
9 as agents of **ALASKA STATE MEDICAL ASSOCIATION HEALTH CARE**
10 **PLAN** in this state.

11 **IT IS FURTHER ORDERED**, that during the period of suspension,
12 **ALASKA STATE MEDICAL ASSOCIATION HEALTH CARE PLAN** shall
13 not solicit or write new business in the State of Alaska, but shall file the annual
14 statements, pay fees and any taxes due as provided by AS 21.09.170(b).

15 **IT IS FURTHER ORDERED**, that Certificate of Authority No. D - 10544
16 will continue to be held in safekeeping by **ALASKA STATE MEDICAL**
17 **ASSOCIATION HEALTH CARE PLAN**.

18 This Order is effective the 16th day of May 2007

19 Dated this 16th day of May 2007.

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28 LINDA S. HALL, DIRECTOR
29 DIVISION OF INSURANCE