

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 11-02 (a)) Suspension of Certificate
In the Matter of) of Authority No. F-10822;
WESTERN INSURANCE) Order under the Provisions
COMPANY) Of AS 21.09.150 (c)
NAIC NO. 10008)
_____)

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

WHEREAS, on August 25, 2011, The Third District Court for Salt Lake County, State of Utah a issued Rehabilitation Order, and Restraining Orders against **WESTERN INSURANCE COMPANY** appointing the Utah Insurance Commissioner as Rehabilitator.

WHEREAS, based on its 2010 Annual Statement, **WESTERN**

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