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CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

**STATE OF ALASKA**  
**DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT**  
**DIVISION OF INSURANCE**  
550 W. 7<sup>th</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99501-3567

Order No. SR 02-06 (a) ) Suspension 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 )  
\_\_\_\_\_ )

**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.

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DIVISION OF INSURANCE  
550 W. 7<sup>th</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99513-3967  
PHONE: (907) 269-7900  
FAX: (907) 269-7910 / TDD: (907) 465-5437

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**WHEREAS**, the Commonwealth Court of Pennsylvania has placed  
**LEGION INSURANCE COMPANY** under an administrative Order of  
Rehabilitation dated March 28, 2002.

**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  
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 its agents to act as agents of **LEGION INSURANCE  
COMPANY** in this state.

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

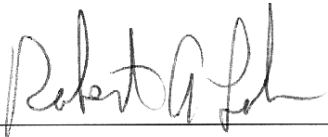
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**IT IS FURTHER ORDERED** that Certificate of Authority No. F- 619 will continue to be held in safekeeping by **LEGION INSURANCE COMPANY** until such time as this Order of Suspension is replaced by an Order of Revocation or the Certificate of Authority is surrendered.

This Order is effective the 3<sup>rd</sup> day of May 2002

Dated this 3<sup>rd</sup> day of May 2002.

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\_\_\_\_\_  
ROBERT A. LOHR, DIRECTOR  
DIVISION OF INSURANCE