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CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC  
DEVELOPMENT  
DIVISION OF INSURANCE  
550 WEST 7<sup>TH</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99501-3567

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC  
DEVELOPMENT  
DIVISION OF INSURANCE  
550 WEST SEVENTH AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99501-3567  
PHONE: (907) 269-7900

Order No. SR 06-03(a) ) Suspension of Certificate of  
) Authority No F-1706;  
In the Matter of ) Order under the Provisions  
**AMERICAN TRAVELERS** ) Of AS 21.09.140 (a) (2)  
**ASSURANCE COMPANY** )  
NAIC NO. 61140 )  
\_\_\_\_\_ )

**WHEREAS**, a Certificate of Authority to transact the business of insurance  
in the State of Alaska was issued to **AMERICAN TRAVELERS ASSURANCE  
COMPANY**, domiciled in the District of Columbia.

**WHEREAS**, the Quarterly Statement as of June 30, 2006 shows that  
**AMERICAN TRAVELERS ASSURANCE COMPANY** fails to meet the

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capital and surplus requirement of AS 21.09.070 for the kinds of insurance authorized.

**IT IS HEREBY ORDERED**, pursuant to the provision of AS 21.09.140 (a) (2) that Certificate of Authority No. F-1706 issued to **AMERICAN TRAVELERS ASSURANCE COMPANY** to transact the business of insurance in the State of Alaska shall be suspended until such time as the insurer has returned to full compliance with Alaska statutes unless terminated sooner as permitted by statute. Pursuant to AS 21.09.160 (b), this suspension shall automatically suspend the authority of all of its agents to act as agents of **AMERICAN TRAVELERS ASSURANCE COMPANY** in this state.

**IT IS FURTHER ORDERED**, that during the period of suspension, **AMERICAN TRAVELERS ASSURANCE COMPANY** shall not solicit or write any new business in the State of Alaska but shall file its 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. F-1706 will continue to be held in safekeeping by **AMERICAN TRAVELERS ASSURANCE COMPANY** until such time as this order is replaced by an Order of Revocation or the Certificate of Authority is surrendered.

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This Order is effective the 2<sup>nd</sup> day of October 2006

Dated this 2<sup>nd</sup> day of October 2006.



LINDA S. HALL, DIRECTOR  
DIVISION OF INSURANCE