

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 08-01 (a)) Suspension of Certificate
In the Matter of) of Authority No. F-316;
CENTENNIAL INSURANCE) Order under the Provisions
COMPANY) Of AS 21.09.140 (a) (2)
_____)

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

WHEREAS, the Annual Statement for the period ending December 31, 2007 filed under AS 21.85.080 shows that **CENTENNIAL INSURANCE COMPANY**, fails to meet the capital requirements 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-316, issued to **CENTENNIAL**

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