

MIKE KREIDLER  
STATE INSURANCE COMMISSIONER

STATE OF WASHINGTON



Phone: (360) 725-7000  
www.insurance.wa.gov

**FILED**  
Please Reply to: PO Box 40259  
Olympia, WA 98504-0259  
Fax: (360) 586-2022

August 16, 2012

OFFICE OF  
**INSURANCE COMMISSIONER**

2012 AUG 16 10 13 28

Patricia D. Petersen, JD, Chief Hearing Officer  
Office of the Insurance Commissioner, Hearings Unit  
PO Box 40255  
Olympia, WA 98504-0255  
5000 Capitol Boulevard  
Tumwater, WA 98501

Patricia D. Petersen  
Chief Hearing Officer

Re: Form A Filing dated June 1, 2012 – Proposed Acquisition of Control of North Coast Life Insurance Company

Dear Ms. Petersen:

Attached please find the Form A Statement regarding the Acquisition of Control of a Domestic Insurer and associated supplementary information. The Form A Statement describes the proposed transaction between Government Personnel Mutual Life Insurance Company as Buyer, and North Coast Life Insurance Company as Seller.

The proposed transaction comes at the request of Government Personnel Mutual Life Insurance Company that wishes to acquire control of North Coast Life Insurance Company in this matter.

Government Personnel Mutual Life is a Texas-domiciled mutual life insurer and licensed for life and disability coverages in Washington since November 1950. North Coast Life Insurance Company is a Washington-domiciled life insurer and is majority-owned by the Ogden family. North Coast Life is also a publicly traded company on the OTC board under NCLI and NCLIP symbols.

The Company Supervision division is satisfied that the Form A filing is complete, and requests that a hearing be scheduled in this matter according to RCW 48.31B.015. Ms. Robin Aronson is the OIC's Staff Attorney assigned to this case.

If you have any questions, please call me at 360-725-7211 or Ms. Aronson at 360-725-7181.

Yours truly,

  
RONALD J. PASTUCH, CPA  
Holding Company Manager  
Company Supervision Division  
E-Mail: RonP@oic.wa.gov

Cc: James T. Odiome, CPA, JD, Deputy Insurance Commissioner  
Robin Aronson, Staff Attorney

Mailing Address: P.O. Box 40256 \* Olympia, WA 98504-0256  
Street Address: 5000 Capitol Blvd. \* Tumwater, WA 98501

Nº 967

# Certificate of Authority

STATE OF WASHINGTON  
INSURANCE COMMISSIONER  
OLYMPIA

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Washington,

**NORTH COAST LIFE INSURANCE COMPANY**

of **SPOKANE, WASHINGTON**, organized under the laws of **WASHINGTON**, having presented satisfactory evidence of compliance, this Certificate of Authority is hereby granted, authorizing the company to transact the following classes of insurance:

**LIFE  
DISABILITY**

subject to all provisions of this Certificate as such classes are now or may hereafter be defined in the Insurance Laws of the State of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of Washington as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 28th day of April, 1965, I have hereunto set my hand and caused my official seal to be affixed this 28th day of April, 1965.

Receipt #30152 (\$10.00)

*[Signature]*  
Insurance Commissioner

By \_\_\_\_\_

No 71

# Certificate of Authority

STATE OF WASHINGTON  
INSURANCE COMMISSIONER  
OLYMPIA

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Washington,

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

of SAN ANTONIO, TEXAS, organized under the laws of TEXAS, having presented satisfactory evidence of compliance, this Certificate of Authority is hereby granted, authorizing the company to transact the following classes of insurance:

LIFE  
DISABILITY  
~~DISABILITY (2-10-69)~~ del 7/20/87

subject to all provisions of this Certificate as such classes are now or may hereafter be defined in the Insurance Laws of the State of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of Washington as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 1st day of JULY, 1958, I have hereunto set my hand and caused my official seal to be affixed this 11th day of MARCH, 1958.

WILLIAM A. SULLIVAN  
Insurance Commissioner

*Lee Truckel*

By \_\_\_\_\_  
Chief Deputy

\$10.00  
6800

