

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 19-01(a)) Suspension of Certificate
In the Matter of) of Authority No.; F-8445
CAPSON PHYSICIANS) Order under the Provisions
INSURANCE COMPANY) Of AS 21.09.140(a) (2)
NAIC NO. 19348)
_____)

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

WHEREAS, the 2018 Quarterly Statement as of September 30, 2018
shows that **CAPSON PHYSICIANS INSURANCE COMPANY** fails to meet
the basic capital and surplus requirements of AS 21.09.070 for the kinds of
insurance authorized.

IT IS HEREBY ORDERED, pursuant to the provisions of AS 21.09.140
(a) (2), that Certificate of Authority No. F-8445 issued to **CAPSON**

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