

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(b)) Revocation 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)
_____)

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
DEVELOPMENT
DIVISION OF INSURANCE
550 W. 7th AVENUE, SUITE 1560
ANCHORAGE, ALASKA 99513-3567
PHONE: (907) 269-7900

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, on June 28, 2019, The District Court of Travis County, Texas
placed **CAPSON PHYSICIANS INSURANCE COMPANY** in liquidation
appointing the Texas Commissioner of Insurance as the liquidator. Among the
findings of the court was that the company did not have admitted assets at least
equal to its liabilities and that it was unable to pay obligations as they come due

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in the ordinary course of its business giving the court sufficient grounds to
declare **CAPSON PHYSICIANS INSURANCE COMPANY** insolvent.

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
PHYSICIANS INSURANCE COMPANY** to transact the business of insurance
in the State of Alaska shall be revoked. Pursuant to AS 21.09.160(b), this
revocation shall automatically revoke the authority of all its agents to act as
agents of **CAPSON PHYSICIANS INSURANCE COMPANY**.

IT IS FURTHER ORDERED that Certificate of Authority No. F-8845
held by **CAPSON PHYSICIANS INSURANCE COMPANY** shall be returned
to the Alaska Division of Insurance by August 15, 2019.

This Order is effective the 17th day of July 2019

Dated this 17th day of July 2019



LORI WING-HEIR, DIRECTOR
DIVISION OF INSURANCE

CERTIFICATE OF DISTRIBUTION

I hereby certify that copies of the documents(s) listed below were distributed to the listed parties and files by mail or by personal delivery. An original document has been forwarded to the insurer at the address listed and another original is in the Juneau office of the Division of Insurance for official filing.

Order signed by Director of Insurance on July 17, 2019, Order # SR 19-01 (b), in the Matter of **CAPSON PHYSICIANS INSURANCE COMPANY**.

Maury Lenard Magids, President
Capson Physicians Insurance Company
2901 Via Ventura, Suite 510
Austin, Texas 78746

Kent Sullivan, Commissioner
Director Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104

Alaska Insurance Guaranty Association
C/o Northern Adjustors
1401 Rudakoff Circle, Suite 100
Anchorage, Alaska 99508

Agents of record: None

Financial Examiner's file of the Division of Insurance in Anchorage.

Date: July 18, 2019

Signed: 