BEFORE THE DIVISION OF INSURANCE DEPARTMENT OF LABOR AND REGULATION STATE OF SOUTH DAKOTA

IN THE MATTER OF CAPSON PHYSICIANS INSURANCE COMPANY

ORDER REVOKING CERTIFICATE OF AUTHORITY

CAPSON PHYSICIANS INSURANCE COMPANY (hereinafter "the Company"), whose mailing address of record is 2901 Via Fortuna Drive, Suite 510, Austin, TX 78746, is an insurance company holding a certificate of authority to transact business in the State of South Dakota;

The South Dakota Division of Insurance has received information that that the Company has been placed in receivership, conservatorship, rehabilitation, or other delinquency proceedings.

Pursuant to SDCL §§ 58-34-19 and 58-34-48, the director may revoke a company's certificate of authority for failure to comply with any provision of the insurance title and the director will revoke a company's certificate of authority upon the impairment surplus requirements, without requiring a hearing.

Therefore, pursuant to SDCL § 58-34-48, it is hereby ORDERED that the Company's Certificate of Authority to transact business in the State of South Dakota is hereby revoked; and it is further

ORDERED that, pursuant to SDCL § 58-6-61, this Order automatically suspends authority of any insurance producers to act as insurance producers of the Company in this state; and it is further

ORDERED that this Order may not be used by any person for any competitive purpose or used in a manner that would violate SDCL Chapter 58-33.

This Order may be appealed to the Circuit Court and South Dakota Supreme Court pursuant to SDCL Chapter 1-26.

Dated this day of May, 2023 in Pierre, SD.

South Dakota Division of Insurance Department of Labor and Regulation

BEFORE THE DIVISION OF INSURANCE DEPARTMENT OF LABOR AND REGULATION STATE OF SOUTH DAKOTA

IN THE MATTER OF CAPSON PHYSICIANS INSURANCE COMPANY

NOTICE OF ENTRY OF ORDER

NOTICE IS HEREBY GIVEN that attached hereto is a true and correct copy of the Order Revoking Certificate of Authority, a final administrative decision as entered by Larry Deiter, Director of the South Dakota Division of Insurance, Department of Labor and Regulation, dated May, <u>\$\sumsymbol{S}\$</u> 2023.

Dated this ______day of May, 2023.

Clayton Grueb, Legal Counsel South Dakota Division of Insurance

2330 N. Maple Ave Rapid City, SD 57701

BEFORE THE DIVISION OF INSURANCE DEPARTMENT OF LABOR AND REGULATION STATE OF SOUTH DAKOTA

IN THE MATTER OF CAPSON PHYSICIANS INSURANCE COMPANY

CERTIFICATE OF SERVICE

I, the undersigned, do hereby certify that on the date shown below, a true and correct copy of the above Order Revoking Certificate of Authority and Notice of Entry of Order with respect to the above-entitled action was sent U.S. Certified Mail thereon, to the following:

Capson Physicians Insurance Company 2901 Via Fortuna Drive, Suite 510 Austin, TX 78746

Dated this ____ day of May, 2023 in Rapid City, South Dakota.

Clayton Grueb, Legal Counsel South Dakota Division of Insurance 2330 N. Maple Ave Rapid City, SD 57701