STATE OF ARIZONA

DEC 1 1 1997

2	DEPARTMENT (OF	INSURA	ANCE
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DEPT. OF INSURANCE BY_____

In the Matter of:)
) Docket No. 97A-229-INS
PROFESSIONAL BENEFITS INSURANCE)
COMPANY, NAIC No. 99511) SUSPENSION ORDER
)
Respondent.)

Upon information obtained by the Assistant Director of the Corporate and Financial Affairs

Division of the Arizona Department of Insurance, the Director of Insurance makes the following findings
of fact, conclusions of law and issues the following order:

- 1. Professional Benefits Insurance Company ("Respondent") is domiciled in Texas and presently holds a certificate of authority issued by the Arizona Department of Insurance to transact life and disability insurance business.
- 2. The National Association of Insurance Commissioners' ("N.A.I.C.") Insurance Regulatory Information System ("I.R.I.S.") discloses unusual values outside the acceptable range for six (6) of the twelve I.R.I.S. ratios based upon Respondent's 1996 Annual Statement. Respondent's I.R.I.S. ratios for net change in capital and surplus, gross change in capital and surplus, net income compared to total income, adequacy of investment income, change in product mix, and change in reserving ratio exceed or fall below the recommended maximum and minimum ratios. These findings constitute information received from the N.A.I.C.'s I.R.I.S. which is adverse to the insurer with respect to its financial condition, within the meaning of A.A.C. R20-6-308(A)(2).

- 3. Respondent reported operating losses within the meaning of A.A.C. R20-6-308(A)(7) in the amount of \$2,224,316.00 during the twelve month period ending September 30, 1997. These operating losses are greater than 50% of Respondent's remaining surplus as regards policyholders that is in excess of minimum required, and are adverse to Respondent's financial condition within the meaning of A.A.C. R20-6-308(A)(7).
- 4. As of September 30, 1997, Respondent's liabilities and required reserves together with its total issued and outstanding capital stock exceed its assets by \$683,616. Respondent is therefore "insolvent" within the meaning of A.R.S. §20-611(6).
- 5. Pursuant to A.R.S. §20-210, Respondent is required to maintain surplus in the amount of \$100,000. Therefore, Respondent's total statutory deficiency is \$783,616.
- 6. Pursuant to A.R.S. §20-488.09(A), the Department requested that Respondent file a risk-based capital ("RBC") report. Respondent failed to provide the RBC report within the time required under the statute. Respondent's failure to file the RBC report is grounds for suspension in accordance with A.R.S. §20-488.09(D).
- 7. Respondent is in an unsound condition or in such condition as to render its further transaction of insurance in this state hazardous within the meaning of A.R.S. §20-220(A)(3) and A.A.C. R20-6-308.
- 8. Respondent no longer meets the requirements of the authority originally granted, on account of deficiency of assets, within the meaning of A.R.S §20-219(2).
- 9. Respondent's conduct, as described above constitues a violation of Title 20 other than a provision as to which refusal, suspension or revocation is mandatory, within the meaning of A.R.S. §20-220(A)(1).

- 10. Respondent's conduct, as described above, constitutes a knowing failure to comply with any lawful rule or order of the Director within the meaning of A.R.S. §20-220(A)(2).
- 11. The public health, safety, and welfare imperatively require emergency action, within the meaning of A.R.S. §41-1064(C).

IT IS HEREBY ORDERED, that Respondent's certificate of authority to transact insurance in Arizona is suspended effective this date.

DATED this _____ day of December, 1997.

JOHN A. GREENE Director of Insurance

NOTICE

The determination set forth in this order is an "appealable agency action" pursuant to A.R.S. §41-1092. Consequently, you have the right to obtain a hearing on this determination by filing a Notice of Appeal within thirty (30) days after your receipt of this order. If your Notice of Appeal is received after that thirty (30) day period, it will not be accepted without a demonstration of good cause for the late filing. The Notice of Appeal must identify the party appealing, the party's address, the determination being appealed, and must contain a concise statement of the reasons for the appeal. Your hearing will be held within sixty (60) days after your Notice of Appeal is filed, unless the hearing is advanced or delayed by agreement or a showing of good cause by any party. The Department of Insurance will serve a Notice of Hearing at least thirty (30) days before the hearing, which will inform you of the date, time and location of the hearing as well as the issues in controversy.

Catherine M. O'Neil, Assistant Director

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