

MAR 17 2017

STATE OF ARIZONA

DEPARTMENT OF INSURANCE

DEPT OF INSURANCE  
BY MS

1 In the Matter of the Surrender of the Certificate of )  
 2 Authority of )  
 3 **Mendakota Casualty Company** )  
 4 **(NAIC No. 42862)** )  
 5 )  
 6 )  
 7 )  
 8 **Petitioner.** )

Docket No. 17A-018-INS

**ORDER**

9 Based upon reliable evidence provided to the Director of Insurance by the Assistant  
10 Director of the Financial Affairs Division of the Arizona Department of Insurance ("Department"),  
11 the Director finds as follows:

**FINDINGS OF FACT**

12  
13 1. Mendakota Casualty Company ("Petitioner") is an Illinois domiciled insurance  
14 company that received its certificate of authority to transact property and casualty insurance in  
15 Arizona effective April 1, 2003.

16 2. Petitioner seeks to withdraw from the insurance business in Arizona and has  
17 voluntarily surrendered its certificate of authority to the Director.

18 3. Petitioner has no outstanding obligations under any policy of insurance, whether  
19 written direct or through reinsurance ceded to it, to policyholders or claimants who are residents  
20 of this State.

21 4. Petitioner is not the subject of any pending investigation or market conduct  
22 examination and does not owe this Department any filings or fees.  
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