BEFORE THE COMMISSIONER OF COMMERCE AND INSURANCE
OF THE STATE OF TENNESSEE

IN THE MATTER OF:

ASSOCIATED BUILDERS & CONTRACTORS
OF TENNESSEE WORKERS’ COMPENSATION
SELF-INSURANCE FUND

TID No.: 16-046

ORDER ADOPTING EXAMINATION REPORT

Pursuant to Tenn. Code Ann. § 56-1-401 et seq., the Insurance Division of the State of Tennessee Department of Commerce and Insurance ("Division") has examined certain affairs of Associated Builders & Contractors of Tennessee Worker’s Compensation Self-Insurance Fund ("Company"), an insurance company domiciled in the State of Tennessee. As a result of an examination conducted as of March 31, 2014, the examiner-in-charge filed with the Division, on May 18, 2016, a verified, written report on the examination, and a copy of that report has been sent to the Company. (The Report on Examination of Associated Builders & Contractors of Tennessee Worker’s Compensation Self-Insurance Fund is attached hereto and marked as Exhibit A.) The Division received a response regarding the report from the Company on May 24, 2016. (The written response submitted by the Company is attached hereto and marked as Exhibit B.)

Pursuant to Tenn. Code Ann. §§ 50-6-405 and 56-1-411, the examination report regarding the affairs of Associated Builders & Contractors of Tennessee Worker’s Compensation Self-Insurance Fund filed with the Insurance Division of the State of Tennessee Department of
Commerce and Insurance on the day of May 18, 2016, is hereby ADOPTED as filed.

The adoption of this examination report shall not preclude the Department from imposing sanctions against Associated Builders & Contractors of Tennessee Worker’s Compensation Self-Insurance Fund for potential violations of the Tennessee Insurance Law which may be revealed in the examination report, it being the intent of this Order Adopting Examination Report merely to adopt the examination report filed by the examiner-in-charge.

It is so ORDERED.

ENTERED this the 8th day of June, 2016.

Julie Mix McPeak, Commissioner
Department of Commerce and Insurance
State of Tennessee

PREPARED FOR ENTRY:

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CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing Order Adopting Examination Report has been messenger mailed to: Chlora Lindley-Myers, Deputy Commissioner, Department of Commerce and Insurance; Joy Little, Insurance Examinations Director/Chief Examiner, Department of Commerce and Insurance; Mark Jaquish, Insurance Analysis Director, Department of Commerce and Insurance; and mailed first class, postage prepaid, to Associated Builders & Contractors of Tennessee Worker’s Compensation Self-Insurance Fund, 1604 Elm Hill Pike, Nashville, Tennessee 37210, on this the 9th day of June 2016.

Kathleen Dixon