No. 2026-10075

Official Order
of the
Texas Commissioner of Insurance

Date: 08/13/2026

Subject Considered:

Southwest Preferred Dental Organization, Inc.
4745 N 7th St, Ste 120
Phoenix, AZ 85014-3666

Default Order
TDI Enforcement File No. 38864

General remarks and official action taken:

This is a default order taken against Southwest Preferred Dental Organization, Inc., (Respondent) because it failed to comply with the requirements to maintain its third party administrator certificate of authority. Respondent did not respond to a Notice of Allegations mailed by the Texas Department of Insurance. This order revokes Respondent's license.

The following findings of fact and conclusions of law are adopted:

Findings of Fact

Failure to Respond to Notice of Allegations

1. On July 9, 2026, the department sent a Notice of Allegations, attached as Exhibit A, to Respondent.

2. The department sent the Notice of Allegations to Respondent's last known address provided in writing to the department, 4745 N 7th St, Ste. 120, Phoenix, AZ 85014-3666.

3. The department gave Respondent notice and opportunity for a hearing, which Respondent waived by failing to send a written response to the Notice of Allegations within 20 days after the date it was mailed.

4. The department's factual allegations set out in the attached Notice of Allegations are incorporated in this order as findings of fact.

Conclusions of Law

1. The commissioner has jurisdiction over this matter under TEX. INS. CODE §§ 82.051–82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301-4151.309; TEX. GOV'T CODE §§ 2001.003(1) and 2001.051-2001.178; and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.

2. The commissioner has authority to dispose of this case informally under TEX. GOV'T CODE § 2001.056; TEX. INS. CODE § 82.055; and 28 TEX. ADMIN. CODE § 1.47.

3. The department provided proper notice to Respondent under TEX. GOV'T CODE §§ 2001.003(1), 2001.051, 2001.052, 2001.054, and 2001.056(4), and 28 TEX. ADMIN. CODE §§ 1.1302, 1.28, 1.47, and 19.906.

4. Based on Respondent's failure to send the department a written response to the Notice of Allegations, the department is entitled to disposition by default under 28 TEX. ADMIN. CODE § 1.47.

5. Respondent failed to show compliance with the law.

6. The department's factual and legal allegations set out in the attached Notice of Allegations are incorporated in this order and deemed admitted as true under 28 TEX. ADMIN. CODE § 1.47.

Order

It is ordered that the third party administrator license, license no. 2989385, held by Southwest Preferred Dental Organization, Inc., is revoked. A copy of this order will be provided to law enforcement or other appropriate administrative agencies for further investigation as may be warranted.

Signed by:
Amanda Crawford
FE10434BC41A470...

Amanda Crawford
Commissioner of Insurance

Prepared and reviewed by:

Sarah Bonee, Staff Attorney
Enforcement

Affidavit

STATE OF TEXAS §
§
COUNTY OF TRAVIS §

Before me, the undersigned authority, personally appeared Daniel Mireles, who, being by me duly sworn, deposed as follows:

"My name is Daniel Mireles and I am employed by the Texas Department of Insurance. I am of sound mind, capable of making this affidavit, and have personal knowledge of these facts which are true and correct.

I have reviewed TDI's records concerning Southwest Preferred Dental Organization. I have confirmed that:

a. The last mailing address provided to the department in writing by Southwest Preferred Dental Organization is 4745 N 7th St, Ste 120, Phoenix, AZ 85014-3666.

b. The file maintained by Enforcement contains a Notice of Allegations dated July 9, 2026, which was sent to Southwest Preferred Dental Organization, Inc.

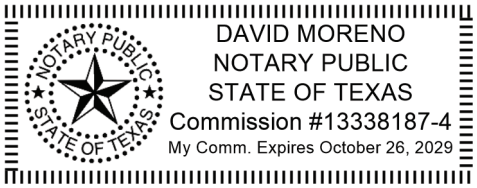
c. On July 9, 2026, the Notice of Allegations addressed to Southwest Preferred Dental Organization, Inc., was mailed first-class and certified, return receipt requested, to their last known address.

Copies of the first-class mail log and certified mail log maintained by Enforcement are attached as Exhibit B and Exhibit C, respectively."

Signed by:
Daniel Mireles
038296CD8D9D4D0...
Affiant

SWORN TO AND SUBSCRIBED before me by means of an interactive two-way audio and video communication on 8/3/2026. This notarial act was an online notarization.

Notary Seal



Digital Certificate

Signed by:
David Moreno
455E4109E15D4CD...

Notary Public State of Texas

2026-10075

TDI | Texas Department of Insurance

PO Box 12030 | Austin, TX 78711 | 800-578-4677 | tdi.texas.gov

EXHIBIT

A

July 9, 2026

Southwest Preferred Dental Organization, Inc.
4745 N 7th St, Ste 120
Phoenix, Arizona 85014-3666

Via Cert: 9214 8901 9403 8332 8591 1847
Via First Class Mail

TDI ENFORCEMENT CASE NO. 38864
NOTICE OF ALLEGATIONS AGAINST SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC.

The Texas Department of Insurance (TDI) seeks to take disciplinary action against SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC., to revoke its certificate of authority to act as a third-party administrator. This Notice states the allegations against SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC., and the relief sought by TDI.

YOUR WRITTEN RESPONSE IS REQUIRED WITHIN 20 DAYS

YOU HAVE THE RIGHT TO A HEARING AND ARE INVITED TO SHOW COMPLIANCE WITH THE LAW. To request a hearing, you must send a written response to TDI within 20 days of the date this Notice was mailed.

If you fail to send a written response by the deadline, *you waive your right to a hearing*, and TDI may seek disposition by default under 28 TEX. ADMIN. CODE § 1.47, TEX. INS. CODE § 82.055, and TEX. GOV'T. CODE § 2001.056.

If you fail to send a written response by the deadline, without further notice to you, the commissioner of insurance may issue a default order that admits the factual matters asserted, deems all allegations as true, and orders the relief recommended in this Notice.

You must send your written response by mail, fax, or email to:

Sarah Bonee, Staff Attorney
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030
Austin, Texas 78711-2030

(512) 490-1020 (Fax)
Sarah.Bonee@tdi.texas.gov

Jurisdiction

The commissioner of insurance has jurisdiction over this matter under TEX. INS. CODE §§ 82.051–82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301-4151.309; TEX. GOV'T CODE §§ 2001.003(1) and 2001.051-2001.178; and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.

Factual Allegations

1. On January 26, 2022, TDI issued SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC., a third party administrator (TPA) certificate of authority no. 2989385.

2. Texas law states that TPA certificates of authority are effective until suspended, canceled, or revoked.

3. TPAs must file annual reports by June 30th of each year covering the preceding calendar year. The report must include an audited financial statement performed by an independent certified public accountant.

4. TPAs must pay a non-refundable $200 filing fee for each annual report.

5. A TPA is subject to discipline, including revocation of its certificate of authority, if it fails to timely file its annual report.

6. SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC., failed to file its annual report and pay the associated $200 filing fee for calendar year 2024.

7. TDI's investigation revealed no active registration for SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC., with the Texas Secretary of State.

Legal Allegations

1. SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC., failed to timely file annual TPA reports by June 30th on a form prescribed by the commissioner, in

violation of TEX. INS. CODE §§ 4151.205 and 4151.301(14), and 28 TEX. ADMIN. CODE § 7.1609.

2. SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC., failed to pay the annual $200 TPA filing fee in violation of TEX. INS. CODE § 4151.206(a)(3) and 28 TEX. ADMIN. CODE § 7.1609(a).

3. SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC., failed to maintain at all times the qualifications for a certificate of authority, as required by TEX. INS. CODE § 4151.212 and 28 TEX. ADMIN. CODE § 7.1607(e).

4. SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC., has willfully violated an insurance law of this state, as contemplated by TEX. INS. CODE § 4151.301(1).

5. SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC., has willfully violated a commissioner rule, as contemplated by TEX. INS. CODE § 4151.301(10).

Relief Sought

TDI seeks the following relief:

1. revocation of your TPA certificate of authority;

2. an order mandating you cease and desist from engaging in the acts of a TPA in Texas; and

3. imposition of any other just and appropriate relief to which the department may be entitled to by law, including any combination of the above actions.

Respectfully,

Sarah Bonee
State Bar No. 24130300
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030

Austin, Texas 78711-2030
(512) 676-6334 (Direct)
(512) 490-1020 (Fax)
Sarah.Bonee@tdi.texas.gov

cc: Leah Gillum, Deputy Commissioner, Fraud and Enforcement Division, MC: ENF
Whitney Fraser, Litigation Director, Enforcement, MC: ENF

CERTIFICATE OF SERVICE

I, Sarah Bonee, certify that a true and correct copy of this *Notice of Allegations Against Southwest Preferred Dental Organization, Inc.,* was sent by the following methods on this 9th day of July, 2026 to:

Southwest Preferred Dental Organization, Inc. Via Cert: 9214 8901 9403 8332 8591 1847
4745 N 7th St, Ste 120 Via First Class Mail
Phoenix, Arizona 85014-3666

Sarah Bonee

2026-10075

EXHIBIT

B

UNITED STATES POSTAL SERVICE®

Shipment Confirmation Acceptance Notice

A. Mailer Action

Note to Mailer: The labels and volume associated to this form online, **must** match the labeled packages being presented to the USPS® employee with this form.

Shipment Date: 07/09/2026

Shipped From:

Name: ENF J GONZALES

Address: 1601 CONGRESS AVE

City: AUSTIN

State: TX ZIP+4® 78701

Type of Mail	Volume
Priority Mail Express®*	
Priority Mail®	
First-Class Package Service®	
Returns	
International*	
Other	1
Total	1

*Start time for products with service guarantees will begin when mail arrives at the local Post Office™ and items receive individual processing and acceptance scans.

B. USPS Action

Note to RSS Clerk:
1. Home screen > Mailing/Shipping > More
2. Select Shipment Confirm
3. Scan or enter the barcode/label number from PS Form 5630
4. Confirm the volume count message by selecting Yes or No
5. Select Pay and End Visit to complete transaction

USPS EMPLOYEE: Please scan upon pickup or receipt of mail. Leave form with customer or in customer's mail receptacle.

USPS SCAN AT ACCEPTANCE

9275 0901 1935 6200 0072 3105 25

RECEIVED
JUL 10 2026
TDI - ENFORCEMENT

Bonee/38864

UNITED STATES POSTAL SERVICE®

Firm Mailing Book For Accountable Mail

Name and Address of Sender

ENF J. GONZALES
1601 CONGRESS AVE
STE 6.900
AUSTIN TX 78701

Check type of mail or service

- ☐ Adult Signature Required
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery (COD)
- ☐ Insured Mail
- ☐ Priority Mail
- ☐ Priority Mail Express
- ☐ Registered Mail
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation
- ☐ Signature Confirmation Restricted Delivery

Affix Stamp Here
(for additional copies of this receipt).
Postmark with Date of Receipt.

USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
1. 9214 8901 9403 8332 8591 18 BONEE/38864	SOUTHWEST PREFERRED DENTAL ORGANIZATION, INC. 4745 N 7TH ST, STE 120 PHOENIX, ARIZONA 85014-3666	0.74	5.30								2.82			

Handling Charge - if Registered and over $50,000 in value
Adult Signature Required
Adult Signature Restricted Delivery
Restricted Delivery
Return Receipt
Signature Confirmation
Signature Confirmation Restricted Delivery
Special Handling

2026-10075

CAPITOL STATION JUL 2026 AUSTIN, TX 78711

RECEIVED JUL 10 2026 ENFORCEMENT

Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per *(Name of receiving employee)*
1	1	

PS Form **3877**, January 2017 (Page 1 of 1) **Complete in Ink** **Privacy Notice: For more information on USPS privacy policies, visit *usps.com/privacypolicy.***
PSN 7530-02-000-9098 JobId: 6981551

EXHIBIT C

2026-10075

Firm Mailing Book For Accountable Mail

Name and Address of Sender
Texas Dept of Insurance
Mail Code ENF
1601 Congress Avenue, Suite 6.900
Austin TX 78701
Jackie Gonzales, July 9, 2026

Check type of mail or service

- [ ] Adult Signature Required
- [ ] Adult Signature Restricted Delivery
- [ ] Certified Mail
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery (COD)
- [ ] Insured Mail
- [ ] Priority Mail
- [x] First-Class Mail
- [ ] Priority Mail Express
- [ ] Registered Mail
- [ ] Return Receipt for Merchandise
- [ ] Signature Confirmation
- [ ] Signature Confirmation Restricted Delivery

Affix Stamp Here
(if issued as an international certificate of mailing or for additional copies of this receipt). Postmark with Date of Receipt

	USPS Tracking/Article Number	Address (Name, Street, City, State, & Zip Code)	Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
	Bonee/38864	Southwest Preferred Dental Organization, 4745 N 7th St, Ste 120 Phoenix, Arizona 85014-3666	.74												

Handling Charge-if Registered and over $50,000 in value

Adult Signature Required

Adult Signature Restricted Delivery

Restricted Delivery

Return Receipt

Signatire Confirmation

Signature Confirmation Restricted Delivery

Special Handling

quadient
CORRECTION
IMI
$002.40º
07/09/2026 ZIP 78701
043M32200335
US POSTAGE

RECEIVED
JUL 10 2026
TDI - ENFORCEMENT

CAPITOL STATION
JUL 2026
AUSTIN, TX
78711

Total Number of Pieces Listed by Sender | Total Number of Pieces Received at Post Office | Postmaster, Per (Name of receiving employee)

PS Form 3877, June 2016 | Completed in ink | Privacy Note: For more information on USPS privacy policies, visit usps.com/privacy policy.