BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,))	
Petitioner,)	
v.) Case No. 11-0011-DIS	
ALLIANZ AVIATION MANAGERS LLC, a non resident producer firm,	FILED	
Respondent.) JAN 1 9 2011	
CONDITIONAL ADMINIS	INSURANCE COMMISSIONER OKLAHOMA	

AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through his attorney, Julie Meaders, and alleges and states as follows:

JURISDICTION

- 1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq.
- 2. Respondent is licensed as a non resident producer firm holding license 9865. Respondent's address of record is 1 Chase Manhattan Plaza, 37th Floor, New York, New York 10005.
- The Insurance Commissioner may place on probation, censure, suspend, 3. revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Producer Licensing Act and/or may levy a fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code, 36 O.S. § 1435.13(A) and (D).

ALLEGATIONS OF FACT

- 1. Respondent applied for renewal of its Oklahoma non-resident agency firm license 9865 and answered "no" to the following question on its application: "Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding regarding any professional or occupational license, or registration, which has not been previously reported to this state?"
- 2. "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license.
- 3. A background check showed that Allianz Aviation Managers, LLC had one administrative action in Massachesetts on November 22, 2010 regarding its insurance license. The Producer Licensing Division found no reporting of this administrative action within thirty (30) days of the final disposition date of the matter, as required by statute.
- 4. The Producer Licensing Division sent an e-mail on December 15, 2010 to the e-mail address CCRAWLEY@AIC-ALLIANZ.COM, given as the contact e-mail for Allianz Aviation Managers, LLC. The e-mail asked for proof that Allianz Aviation Managers, LLC previously reported the administrative action. A response was received that the administrative action was unknown.

5. A subsequest e-mail was sent by the Producer Licensing Division on December 16, 2010 explaining the administrative action found. No additional response was received from Allianz Aviation Managers, LLC.

ALLEGED VIOLATIONS OF LAW

- 1. Respondent violated 36 O.S. § 1435.13(A)(1); providing incorrect, misleading, incomplete or materially untrue information in the license application.
- 2. Respondent violated 36 O.S. § 1435.18(A); failing to report any administrative action taken against the producer in another jurisdiction within thirty (30) days of final disposition of the matter, thereby in violation of 36 O.S. § 1435.13(A)(2).

<u>ORDER</u>

Aviation Managers, LLC is fined TWO HUNDRED AND FIFTY DOLLARS (\$250.00) for failing to report the administrative action. The \$250.00 fine is to be paid immediately, made payable to the Oklahoma Insurance Department. Respondent's producer license may be renewed upon receipt of payment of the fine and reporting of the administrative action.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Julie Meaders, Oklahoma

Order. A request for hearing should be in writing addressed to Julie Meaders, Oklahoma Insurance Department, Legal Division, Post Office Box 53408, Oklahoma City, Oklahoma 73152-3408. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 19th day of January, 2011.



JOHN D. DOAK INSURANCE COMMISSIONER STATE OF OKLAHOMA

Moaders

Julie Meaders

Assistant General Counsel

P.O. Box 53408

Oklahoma City, Oklahoma 73152

Telephone: (405) 521-2746 Facsimile: (405) 522-0125

CERTIFICATE OF MAILING

I, Julie Meaders, hereby certify that a true and correct copy of the above and foregoing Conditional Administrative Order and Notice of Right to be Heard was mailed by certified mail, with postage prepaid and return receipt requested, on this 19th day of January, 2011, to:

Allianz Aviation Managers, LLC 1 Chase Manhattan Plaza 37th Floor New York, NY 10005

CERTIFIED MAIL NO. 7008 1830 0003 9410 7836

and a copy was delivered to:

Producer Licensing Division

JULIE MEADERS

ASSISTANT GENERAL COUNSEL

: Meaders

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we have not been returned to your name and address.	A. Signature X	
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. RECEIVE	B. Received by (Printed Name) C. Date of Delivery	
Article Addressed to: OKLAHOMA INSURANCE	Dep squiring address different from item 1?	
Allianz Aviation Managers, LLC Legal Division	2011 ·	
1 Chase Manhattan Plaza 3777 New York, NY 10005	3. Service Type ☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
11-0011-015 (Jam (ur)	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7008 1830	0003 9410 7836	
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Sent To
Allianz Aviation Managers, CLC
Street, Apt. No.: 1 Chase Manhattan Plaza 37th
Or PO Box No.
City, State, ZIP+4

New York, NY 10005

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PS Form 3800. August 2006

See Reverse for Instructions

SENDER: COMPL	ETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece CENT or on the front if space permits.OKLAHOMA INSURANCE. 		B. Received by (Printed Name) DEPARMENT D. Is delivery address different from ite	☐ Agent ☐ Addressee ☐ Date of Delivery
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