

**BEFORE THE INSURANCE COMMISSIONER
STATE OF OKLAHOMA**

FILED

APR 21 2011

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*)
JOHN D. DOAK,)
Insurance Commissioner,)
)
Plaintiff,)
)
vs.)
)
TRUMBULL INSURANCE COMPANY,)
a foreign insurance company)
)
Respondent.)

Case No. 11-0227-DIS

**CONDITIONAL ADMINISTRATIVE ORDER 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, Natasha M. Scott, and states as follows:

JURISDICTION AND NOTICE OF RIGHT TO BE HEARD

1. The Insurance Commissioner is charged with the duties of administering and enforcing the provisions of the Oklahoma Insurance Code found at 36 O.S. §§ 101-7204.
2. Trumbull Insurance Company (“Respondent”) is a licensed foreign insurance company, holding Oklahoma certificate of authority number 3355 and NAIC ID number 27120.
3. Respondent has the right to request a hearing. A request for a hearing must be made in writing and should state the basis for the requested relief. OKLA. ADMIN. CODE 365:1-7-1(a). Upon receipt of a written request for a hearing, the Insurance Commissioner shall either set the matter for hearing within thirty (30) days

from receipt of the written request or shall deny the request by written order. OKLA. ADMIN. CODE 365:1-7-1(b). If a hearing is requested, the Insurance Commissioner will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing. OKLA. STAT. tit. 36, § 319.

ALLEGATIONS OF FACT

1. In January 2011, Respondent submitted a form filing to the Rate and Form Compliance Division of the Oklahoma Insurance Department that included new form number A-5714-1 title Uninsured Motorists Coverage – Oklahoma (Stacked).

2. Review of the filing revealed that the form had been used by Respondent in its Personal Auto Program prior to submission of the filing.

3. Respondent admits that the form was not filed for approval for use by Respondent. Respondent states that the form was previously filed for use by other Hartford affiliated companies, but Respondent was not included in the previously filing as it was not writing business with Hartford at the time.

4. The form was included in 8,109 policies.

5. The form was approved by the Rate and Form Compliance Division on February 10, 2011 with an effective date of April 2, 2011.

ALLEGED VIOLATIONS OF LAW

1. Respondent's conduct described above is in violation of 36 O.S. § 3610. This Section states, in pertinent part, that "[n]o insurance policy form or application form, where written application is required and is to be made a part of the policy . . . and such other insurance policy forms as are hereinafter specifically otherwise provided for shall

be issued, delivered, or used unless filed with and approved by the Insurance Commissioner.” OKLA. STAT. tit. 36, § 3610(A).

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent has violated 36 O.S. § 3610 and that Respondent is **CENSURED** for its conduct.

IT IS FURTHER ORDERED that in the future, Respondent will comply with the Oklahoma Insurance Code, 36 § 101 et seq., and will file all insurance policy forms for approval by the Insurance Commissioner in accord with the relevant statutory provisions. Further, Respondent shall implement proper procedures to ensure compliance with 36 O.S. § 3610 to ensure that similar conduct does not again occur.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless 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 of this Order. If a hearing is desired, the request shall be made in writing, addressed to Natasha M. Scott, Oklahoma Insurance Department, Legal Division, P.O. Box 53408, Oklahoma City, Oklahoma 73152-3408 and must be served upon the Oklahoma Insurance Department within thirty (30) days of the date of mailing of this Order. The hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101-7135, and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250-323. If Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this

Conditional Order shall act as a notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalty imposed in this Conditional Order shall be considered withdrawn, pending final resolution of this matter through hearing.

WITNESS My Hand and Official Seal this 21st day of April 2011.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Natasha M. Scott
Assistant General Counsel
Oklahoma Insurance Department
5 Corporate Plaza
3625 NW 56th St., Suite 100
Oklahoma City, Oklahoma 73107
Tel: (405) 521-2746
Fax: (405) 522-0125

CERTIFICATE OF MAILING

On this 21st day of April, a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed, via certified mail, to:

Angela Isaac, Personal Lines Filing Analyst
Trumbull Insurance Company
One Hartford Plaza
Hartford, CT 06115

**CERTIFIED MAIL NO:
7008 1830 0003 9411 7347**

Natasha M. Scott

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7008 1430 0003 9411 7347

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted D (Endorsement)	Angela Isaac
Total Post	Trumbull Insurance Company
Sent To	Personal Lines Filing Analyst
Street, Apt. / or PO Box No.	One Hartford Plaza
City, State, ZIP+4	Hartford, CT 06115
	<i>11-0327-015 (MMS/lat) Cord. Admin. ord.</i>



PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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, or on the front if space permits.

1. Article Addressed to:

Angela Isaac
 Trumbull Insurance Company
 Personal Lines Filing Analyst
 One Hartford Plaza
 Hartford, CT 06115
 11-8227-DIST (mt)
 Cond. Adm'n. ord.

RECEIVED
OKLAHOMA INSURANCE

MAY 03 2011

Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ben Blay* APR 27 2011
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

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