

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

APR 04 2011

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
NAVIGATORS INSURANCE COMPANY, a)
licensed property and casualty insurer in the State)
of Oklahoma,)
Respondent.)

INSURANCE COMMISSIONER
OKLAHOMA
CASE NO. 11-0356-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 counsel and alleges and states as follows:

JURISDICTION

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code 36 O.S. §§ 101-7004.

2. Respondent Navigators Insurance Company (“Navigators”) is an admitted insurer authorized as a property and casualty company in the State of Oklahoma holding certificate of authority number 3962.

FINDINGS

1. On or about December 16, 2010, an inquiry regarding a claim which arose under an insurance contract was forwarded by the Oklahoma Insurance Department to Navigators.

2. The thirtieth (30th) day after the date of the inquiry was January 15, 2011.

3. Navigators failed to provide any response to this inquiry within the thirty (30) days.

4. On February 25, 2011, a second letter regarding the inquiry referenced above was

forwarded by the Oklahoma Insurance Department to Navigators.

5. The thirtieth (30th) day after the date of the second inquiry was March 17, 2011.

6. As of the date of this Order Navigators has failed to provide any response to either inquiry.

CONCLUSIONS

The allegations are found to be true and correct and Respondents have violated 36 O.S. § 1250.4(B) by failing to furnish an adequate response to an inquiry from the Commissioner within thirty (30) days from the date of the inquiry.

ORDER

IT IS THEREFORE ORDERED that Navigators Insurance Company shall provide a response to the inquiry referenced above and is fined in the amount of Five Hundred Dollars (\$500.00). The response and fine are to be submitted to the Oklahoma Insurance Department within thirty (30) days of the date of this Order.


Respondents are further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Kim M. Rytter, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and state the basis for requesting the hearing.

If Respondents do not request a hearing within the 30 days allotted this Order shall be a **FINAL ORDER** on the 31st day following the receipt of the Order.

WITNESS My Hand and Official Seal this 4th day of April, 2011.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Kim M. Rytter
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
(405) 521-2746

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing Order was mailed certified, return receipt requested on this 4th day of April, 2011, to:

Navigators Insurance Company
6 International Drive Suite 100
Rye Brook NY 10573

CERTIFIED MAIL NO: 7008 1830 0003 9411 7071



Kim M. Rytter

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

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Navigators Insurance Company
6 International Drive Suite 100
Rye Brook, NY 10573

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

11-0356-Dis/Karpati
Cond. Admin. ord

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:


Navigators Insurance Company
 6 International Drive Suite 100
 Rye Brook, NY 10573

11-0350-Dis / KmeCont Legal Division
 Cond Admin. ord.

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 APR 13 2011

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

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

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540