

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

MAY 24 2011

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel.)
JOHN D. DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
UNITED AUTOMOBILE INSURANCE)
COMPANY,)
)
Respondent.)

Case No. 11-0422-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, Julie Meaders, and alleges and states as follows:

JURISDICTION AND AUTHORITY

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 et seq., including the Insurance Adjuster Licensing Act, 36 O.S. §§ 6201 et seq.

2. Respondent is a foreign insurer domiciled in the State of Florida holding NAIC Code number 35319. Its address of record is 1313 North West 167th Street, Miami Gardens, Florida 33169.

ALLEGATIONS OF FACT

1. The Oklahoma Insurance Department (“Department”) received a request for assistance from Charles Henderson on January 16, 2011. Mr. Henderson’s parked vehicle was damaged by another vehicle driven by Ranulfo Hernandez at 809 SE 42nd Street in

Oklahoma City, Oklahoma. Mr. Henderson complained that he had made a claim for damages against the vehicle owner's insurer, United Automobile Insurance Services, and the insurer denied coverage.

2. Mr. Henderson enclosed a United Automobile Insurance Services letter, dated January 11, 2011, with his request for assistance. The letter was sent by Mayra Espinoza to Henderson. The letter stated that coverage was denied because the driver was not listed on the declarations page as a covered driver. Mr. Henderson thereafter complained to the Department.

3. Carla Thomas, a property and casualty claims analyst at the Department was assigned Henderson's complaint. Thomas sent a letter of inquiry on behalf of Henderson to United Automobile Insurance Company dated January 26, 2011. Anthony Orsini, Compliance Coordinator with United Automobile Insurance, replied in a letter dated February 24, 2011. Mr. Orsini stated that through the scope of investigation the insurer had agreed to afford coverage for the loss.

4. Thomas inquired as to Espinoza's claims handling in Oklahoma. Orsini replied in a letter dated March 15, 2011 that Mayra Espinoza handled three claims in Oklahoma. A routine review of the Department's records revealed that Mayra Espinoza is licensed as an adjuster trainee in Texas but is not licensed as an adjuster in Oklahoma.

ALLEGED VIOLATIONS OF LAW

Such conduct by Respondent as alleged above is in violation of 36 O.S. § 6216(C), failing to ascertain whether its adjuster was licensed prior to referring any claim of loss to its adjuster, and 36 O.S. § 619(B) which provides for a civil penalty of not more than \$5,000.00 for each occurrence in violation.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. §§ 6216(C) and 619(B) and therefore **Respondent is FINED in the amount of ONE THOUSAND and NO/100 DOLLARS (\$1,000.00) payable within thirty (30) days of the date of mailing.**

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 of this Order. Such request for hearing, if desired, shall be made in writing addressed to Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Street, Suite 100, Oklahoma City, OK 73112 and must be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on any such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 et seq.

WITNESS My Hand and Official Seal this 27th day of May, 2011.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders
Julie Meaders
Assistant General Counsel

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 via certified mail with postage prepaid and return receipt requested on this 24th day of May, 2011, to:

United Automobile Insurance Company
1313 North West 167th Street
Miami Gardens, FL 32391

CERTIFIED MAIL NO: 7008 1830 0003 9411 7705

and that a copy was delivered to:

Financial Division

Consumer Assistance/Claims Division



Julie Meaders

7008 1630 0003 9411 7705

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total Postage & F United Automobile Insurance Company

Sent To	1313 North West 167th Street Miami Gardens, FL 32391
Street, Apt. No., or PO Box No.	11-0422-115/Jmm (m71)
City, State, ZIP+4	Cond. Admin. ord.

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:

United Automobile Insurance Company
 1313 North West 167th Street
 Miami Gardens, FL 32391

11-0422-Dis/JAM (Legal Division)
 Cond. Admin. ord.

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 JUN 01 2011

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Receiver (Printed Name) *Abraham Estevan* Date of Delivery

D. Is delivery address different from item 1? Yes

YES, enter delivery address below: No

5-27-11

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)

7008 1830 0003 9411 7705