

CONCLUSIONS

The allegations are found to be true and correct and Respondent has 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 Universal Underwriters Insurance Company shall provide a response to the inquiry referenced above and is fined in the amount of Five Hundred Dollars (\$500.00) each. The response and fine are to be submitted to the Oklahoma Insurance Department within thirty (30) days of the date of this Order.

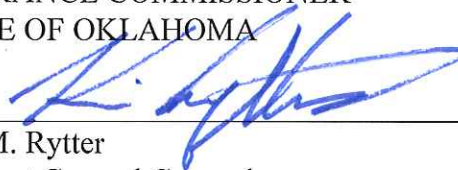
Respondent is further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Kim M. Rytter,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

If Respondent does 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 11th 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 **11th day of April, 2011**, to:

Universal Underwriters Insurance Company
Corporation Service Company
115 S.W. 89th St.
Oklahoma City, OK 73139-8511

CERTIFIED MAIL NO: 7008 1830 0003 9411 7194



Kim M. Rytter

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: OKLAHOMA INSURANCE DEPARTMENT

APR 15 2011
 Universal Underwriters Insurance Corporation Service Company, Division
 115 S.W. 89th St.
 Oklahoma City, OK 73139-8511
 11-0425-Dis (Kmk/mt)
 Cond. Admin. Ord

2. Article Number
 (Transfer from service label)

7008 1830 0003 9411 7194

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X. Parish* Agent Addressee

B. Received by (Printed Name)
 G. Parish

C. Date of Delivery
 APR 12 2011

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

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Return Receipt Fee (Endorsement Required)		
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Sent To
 Universal Underwriters Insurance Corporation Service Company
 115 S.W. 89th St.
 Oklahoma City, OK 73139-8511
 11-0425-Dis (Kmk/mt)
 Cond. Admin. Ord

Postmark Here: APR 11 2011
 MARTIN LUTHER KING STATION
 OK 7310

PS Form 3800, August 2006 See Reverse for Instructions

7008 1830 0003 9411 7194