

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED

MAY 02 2011

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
Petitioner, )  
vs. )  
EMPIRE HOME WARRANTY )  
Respondents. )

CASE NO. 11-0524-DIS

**CONDITIONAL ADMINISTRATIVE ORDER**

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 Empire Home Warranty ("Empire") is an unlicensed company selling home warranties in the State of Oklahoma.

**FINDINGS**

1. On or about March 15, 2011, an inquiry regarding a claim which arose under an insurance contract was forwarded by the Oklahoma Insurance Department to Respondents.

2. The thirtieth (30<sup>th</sup>) day after the date of the inquiry was April 14th, 2011.

3. As of the date of this Order Empire has failed to provide any response to the 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 Empire Home Warranty shall provide a response to the inquiry referenced above and are fined in the amount of Five Hundred Dollars (\$500.00) each. The responses and fines are to be submitted to the Oklahoma Insurance Department within thirty (30) days of the date of this Order.**

Respondent is further notified that it 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 Ellen C. Edwards, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> 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 31<sup>st</sup> day following the receipt of the Order.

WITNESS My Hand and Official Seal this 2<sup>nd</sup> day of May, 2011.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA



Ellen C. Edwards  
Ellen C. Edwards  
Deputy General Counsel  
3625 NW 56<sup>th</sup> 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 2<sup>nd</sup> day of May, 2011, to:

Empire Home Warranty  
1521 Concord Pike, Ste 301  
Wilmington, DE 19803-3644

Ellen C. Edwards  
Ellen C. Edwards

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To: Empire Home Warranty  
 1521 Concord Pke, Suite 301  
 Street, or PO B: Wilmington, DE 19803-3644  
 City, St: sms/11-0524-DIS/Cond. Ord.

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Pat Suchanec</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">                         Empire Home Warranty                          1521 Concord Pke, Suite 301                          Wilmington, DE 19803-3644                          sms/11-0524-DIS/Cond. Ord.                     </div>		B. Received by (Printed Name) <i>Pat Suchanec</i>	C. Date of Delivery <i>5-5-11</i>
2. Article Number (Transfer from service label)		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

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 OKLAHOMA INSURANCE DEPARTMENT  
 Legal Division  
 MAY 10 2011

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