

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 Respondent is fined in the amount of Five Hundred Dollars (\$500.00). The fine is 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 Mark A. Willingham, 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 22nd day of August, 2011.



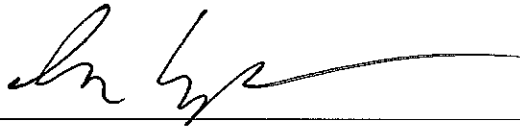
JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Mark A. Willingham
Assistant General Counsel
Oklahoma Insurance Department
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
(405) 521-2828

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 22nd day of August, 2011, to:

Federated Mutual Insurance Co.
Jeanne Hankerson
PO Box 328
Mail Code C304
Owatonna, MN 55060



Mark A. Willingham

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 1830 0003 9411 2991

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	Federated Mutual Insurance Co Jeanne Hankerson P.O. Box 328 Mail Code C304 Owatonna, MN 55060 sms/11-0714-DIS/Cond. Ord.	
Street, Apt. No., or PO Box No.		
City, State, ZIP		

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Jynne Kotstad</u> C. Date of Delivery <u>2-2-11</u></p> <p>Does this address differ from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Federated Mutual Insurance Co Jeanne Hankerson P.O. Box 328 Mail Code C304 Owatonna, MN 55060 sms/11-0714-DIS/Cond. Ord. </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7008 1830 0003 9411 2991</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540