

**BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
vs. )  
 )  
TRAVELERS PROPERTY CASUALTY )  
INSURANCE CO., an Oklahoma Licensed )  
Insurance Company, )  
 )  
Respondents. )

CASE NO. 11-0792-DIS

**FILED**

JUL 03 2011

INSURANCE COMMISSIONER  
OKLAHOMA

**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 Travelers Property Casualty Insurance Co. ("Travelers") is an admitted insurer authorized as a property and casualty company in the State of Oklahoma holding certificate of authority number 0069/NAIC #36161.

**FINDINGS**

1. On or about June 20th, 2011, an inquiry regarding a claim which arose under an

insurance contract was forwarded by the Oklahoma Insurance Department to Respondent.

2. The thirtieth (30<sup>th</sup>) day after the date of the inquiry was July 20th, 2011.
3. As of the date of this Order Travelers has failed to provide any response to the inquiry.

### **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 Travelers Property Casualty Insurance Co. 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 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 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 3rd day of August, 2011.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

Mark A. Willingham  
Assistant General Counsel  
3625 NW 56<sup>th</sup> 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 3th day of August, 2011, to:

Travelers P&C Insurance Co.  
Denise Sailer  
Dir. Con. Affairs  
1 Tower Square  
Hartford, CT 06183

Mark A. Willingham

7008 1830 0003 9410 9267

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 mail or on the front if space permits.</li></ul> <p>1. Article Addressed to:</p> <div data-bbox="321 661 730 850" style="border: 1px solid black; padding: 5px; margin: 10px 0;"><p>Travelers P&amp;C Insurance Co Denise Sailer Dir. Con. Affairs 1 Tower Square Hartford, CT 06183 sms/11-0792-DIS/Cond. Ord.</p></div> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>3. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____ <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7008 1830 0003 9410 9267</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

RECEIVED  
CONNECTICUT INSURANCE DEPARTMENT  
AUG 15 2011  
Legal Division

AUG 08 2011