

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

**FILED**

OCT 04 2011

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,  
Petitioner,  
vs.  
FARMERS INSURANCE COMPANY, a licensed insurer in the State of Oklahoma,  
Respondent.

CASE NO. 11-0985-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 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 Farmers Insurance Company ("Respondent") is a licensed producer in the State of Oklahoma holding license number NAIC #28827.

**FINDINGS**

1. On or about August 5th, 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 September 4th, 2011.

3. As of the date of this Order Respondent has failed to provide any response to the inquiry.

## CONCLUSION

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 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 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 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 October, 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) 521-2746

**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 3rd day of October, 2011, to:

Farmers Insurance Company, Inc.  
ATTN: Gloria Berrien  
Regulatory Affairs Dept.  
P.O. Box 1628  
Grand Rapids, MI 49501-1628

CERTIFIED MAIL NO:  
7008 1830 0003 9411 9716

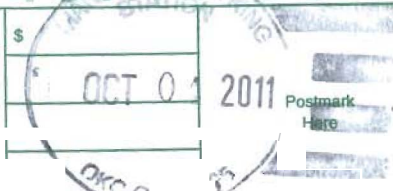


Mark A. Willingham

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

7006 1830 0003 9411 9716

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Postage	\$		
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Restricted Delivery Fee (Endorsement Required)			

Total Postage **Farmers Insurance Company, Inc.**  
ATTN: Gloria BeTien  
Regulatory Affairs Dept.  
PO. Bu, 1618  
Grand Rapids, MI 49501-1628

Sent to **11-0985-DIS/MAW(ml) ComL\dminOrd**

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP

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:

Farmers Insurance Company, Inc.  
 ATTN: Gloria Berrien  
 Regulatory Affairs O, pt.  
 P.O. Box 1628  
 Grand Rapids, MI 49501-1628  
 11-0985-DIS/MAW(mt) Cond.Admin.Ord

2. Article Number

(Transfer from **service label**)

7008 1830 0003 9411 9716

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*G. Berrien*

D Agent

Addressee

B. Received by (Printed Name)

*G. Berrien*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

No **RECEIVED**

OMA INSURANCE DEPARTMENT

OCT 17 2011

Legal Division

3. Service type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.a.D.

4. Restricted Delivery?

Dyes