

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
APR 12 2012  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,  
  
Petitioner,  
  
v.  
  
INTERNATIONAL BENEFITS ADMINISTRATION, LLC, dba GARDEN CITY IBA, a nonresident third party administrator,  
  
Respondent.

Case No. 12-0309-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 his attorney, Julie Meaders, and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq.

2. Respondent International Benefits Administration LLC, dba Garden City IBA is licensed by the State of Oklahoma as a nonresident third-party administrator holding license 863876. Its address of record is 100 Garden City Plaza, Suite 102, Garden City, New Jersey 11530.

3. The Commissioner may either suspend or revoke a third-party administrator's license or assess a civil penalty of not more than Five Thousand Dollars (\$5,000.00) for each

occurrence of a violation of any of the provisions of the Oklahoma Insurance Code. 36 O.S. § 1450(G).

**ALLEGATIONS OF FACT**

1. Respondent's Oklahoma third party administrator license lapsed on October 31, 2011. Respondent thereafter failed to submit a reinstatement application for licensure until March 26, 2012.

2. Any person who is acting as or presenting himself to be an administrator without a valid license shall be subject, upon conviction, to a fine of not less than One Thousand Dollars (\$1,000.00) nor more than Ten Thousand Dollars (\$10,000.00) for each occurrence. 36 O.S. § 1450(H).

**ALLEGED VIOLATIONS OF LAW**

1. Respondent is in violation of 36 O.S. § 1450(H) for acting as or presenting itself as a third party administrator in Oklahoma without a valid license.

**ORDER**

**IT IS THEREFORE ORDERED** by the Insurance Commissioner that International Benefits Administration, LLC dba Garden City IBA is **FINED ONE THOUSAND DOLLARS (\$1,000.00)** for operating without a license. **The \$1,000.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department.

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in

writing addressed to Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Street, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 12<sup>th</sup> day of April, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

Julie Meaders  
Julie Meaders  
Assistant General Counsel  
3625 N.W. 56<sup>th</sup> Street  
Oklahoma City, OK 73112  
Telephone: (405) 521-2746  
Facsimile: (405) 522-0125

**CERTIFICATE OF MAILING**

I, Julie Meaders, hereby certify that a true and correct copy of the above and foregoing Conditional Administrative Order and Notice of Right to be Heard was mailed by certified mail with postage prepaid and return receipt requested on this 12<sup>th</sup> day of April, 2012  
to:

International Benefits Administration LLC  
100 Garden City Plaza, Suite 102  
Garden City, New Jersey 11530

**CERTIFIED MAIL NO: 7008 1830 0003 9411 9440**

and a copy was delivered to:

DeAnn Robinson/Financial Division

  
\_\_\_\_\_  
JULIE MEADERS  
ASSISTANT GENERAL COUNSEL

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7008 1830 0003 9411 9440

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |



Total Postage: **International Benefits**  
 Administratoion, LLC  
 100 Garden City Plaza, Suite 102  
 Garden City, NJ 11530

Sent To: **12-0309-DIS/JAM(mt)Cond.Admin.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 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:

International Benefits  
 Administratoion, LLC  
 100 Garden City Plaza, Suite 102  
 Garden City, NJ 11530

**12-0309-DIS/JAM(mt)Cond.Admin.Ord.**  
**12-0309-015**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **APR 23 2012**

D. Is delivery address different from item 1?  Yes  No  
 If Yes, enter delivery address below:

OKLAHOMA INSURANCE DEPARTMENT

**APR 23 2012**

Legal Mail Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 1830 0003 9411 9440**