

Oklahoma hazardous to its policyholders or to the people of Oklahoma.

3. The Insurance Commissioner hereby finds that the condition and actions of the Respondent are such that the public health, safety, and welfare imperatively require emergency action.

CONCLUSIONS OF LAW

1. Pursuant to OKLA. STAT. tit. 36, § 619(A)(1), the Insurance Commissioner is granted the authority to revoke or suspend a Respondent's certificate of authority if Respondent is found by the Insurance Commissioner to have violated any provision of this Code other than those as to which refusal, suspension, or revocation is mandatory.

2. Pursuant to 36 O.S. § 619(A)(3), the Insurance Commissioner has the authority to revoke or suspend Respondent's certificate of authority if the Respondent is found by the Insurance Commissioner to be in unsound condition or in such condition as to render its further transaction of insurance in the State of Oklahoma hazardous to its policyholders or to the people of Oklahoma.

3. Pursuant to 75 O.S. §§ 314(C)(2) and 314.1 and Insurance Department Rule 365:1-7-9, the Insurance Commissioner is authorized to take administrative action against Respondent on a summary and emergency basis pending proceedings for revocation or other action against the certificate of authority of Respondent if the Insurance Commissioner finds that the actions of the Respondent are such that the public health, safety and welfare imperatively requires emergency action, and incorporates a finding to that effect in his order.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent's certificate of authority is hereby revoked and Respondent is specifically ordered to immediately refrain from the activities set forth in 36 O.S. § 105.

IT IS FURTHER ORDERED that Respondent is hereby given notice of opportunity to request a hearing within thirty (30) calendar days of receipt of this order to determine if there are any reasons why Respondent's certificate of authority in the State of Oklahoma should not be subject to revocation. If Respondent does not request a hearing before the end of said thirty (30) day period, this order shall become a final order and said revocation shall be final.

If Respondent requests a hearing before the Insurance Commissioner or his duly appointed hearing examiner, the proceedings shall be conducted within ten business days after receipt of the request and in accordance with the Oklahoma Insurance Code, OKLA. STAT. tit. 36 §§ 101 et seq., and the Oklahoma Administrative Procedures Act, OKLA. STAT. tit. 75, §§ 250 et seq., unless the ten day provision is waived by the Company.

WITNESS My Hand and Official Seal this 20th day of April, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Paul Wilkening", written over a horizontal line.

Paul Wilkening
Deputy Commissioner of Administration

CERTIFICATE OF SERVICE

I, Kelley Callahan, hereby certify that a true and correct copy of the above and foregoing Administrative Order of Revocation was mailed postage prepaid with return receipt requested on this 24th day of April, 2012, to:

Ricardo M. Rios
Reinsurance Company of America, Inc.
1310 Utica Street
Oriskany, NY 60603

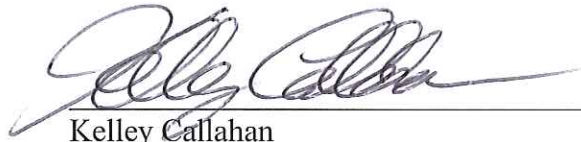
Patrick D. Hughes
Special Deputy Receiver
222 Merchandise Mart Plaza, Suite 1450
Chicago, IL 60654

and was reported to:

NAIC, RIRS
via electronic notification

and that a copy was delivered to:

Joel Sander, Deputy Commissioner of Finance
Financial Division
Oklahoma Insurance Department



Kelley Callahan
Senior Attorney
Oklahoma Insurance Department
3625 NW 56th Street
Oklahoma City, OK 73112-4511
Phone 405-521-2746
Fax 405-522-0125

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

7001 0320 0004 4250 4011

OFFICIAL USE

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



Sent To: Ricardo M. Rios
 Reinsurance Company of America, Inc.
 1310 Utica St.
 Oriskany, NY 60603
 sms/12-0311-DIS/Admin. Order

PS Form 3800, January 2001 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:

Ricardo M. Rios
 Reinsurance Company of America, Inc.
 1310 Utica St.
 Oriskany, NY 60603
 sms/12-0311-DIS/Admin. Order

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Sandra Cor...* Agent Addressee

B. Received by (Printed Name): Sandra Cor... C. Date of Delivery: 4/20/12

Article delivery address different from item 1? Yes No

If YES, enter delivery address below: PO Box 85, 13424-0855

3. Service 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) 7001 0320 0004 4250 4011

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

OFFICIAL USE

7001 0320 0004 4250 4028

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



Sent To: Patrick D. Hughes
 Special Deputy Receiver
 Street, Apt. No. or PO Box No.: 222 Merchandise Mart Plaza, Suite 1450
 City, State, ZIP: Chicago, IL 60654
 sms/12-0311-DIS/Admin. Ord.

PS Form 3800, January 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- 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:

Patrick D. Hughes
 Special Deputy Receiver
 222 Merchandise Mart Plaza, Suite 1450
 Chicago, IL 60654
 sms/12-0311-DIS/Admin. Ord.

2. Article Number
 (Transfer from service label)

7001 0320 0004 4250 4028

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X**
 B. Received by (Printed Name): **RECEIVED**
 C. Date of Delivery: **MAY 03 2012**

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

MAY 08 2012

Legal Division

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

4. Restricted Delivery? (Extra Fee) Yes