

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

FILED

MAY 18 2012

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.
DOAK, Insurance Commissioner,

Petitioner,

vs.

COLUMBIA NATIONAL INSURANCE
COMPANY, a licensed insurer in the State of
Oklahoma,

Respondent.

CASE NO. 12-0457-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 Columbia National Insurance Company ("Respondent") is a licensed insurer in the State of Oklahoma holding license number NAIC #19640.

FINDINGS

1. On or about April 13th, 2012, an inquiry regarding a claim which arose under an insurance contract was forwarded by the Oklahoma Insurance Department to Respondent.

2. The thirtieth (30th) day after the date of the inquiry was May 13th, 2012.

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 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 18th day of May, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


Mark A. Willingham
Assistant General Counsel
3625 NW 56th 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 18th day of May, 2012, to:

Columbia National Ins. Co.
ATTN: General Counsel
P.O. Box 618
Columbia, MO 65205

A handwritten signature in black ink, appearing to read 'Mark A. Willingham', is written over a horizontal line.

Mark A. Willingham

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

7001 0320 0004 4250 2550

OFFICIAL USE

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



Total f Columbia National Ins. Co.
 Sent To Attn: General Counsel
 Street, / P.O. Box 618
 or PO B. Columbia, MO 65205
 City, Sta sms/12-0457-DIS/Cond. Ord.

PS Form 3800, January 2001

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAY 24 2012</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Columbia National Ins. Co. Attn: General Counsel P.O. Box 618 Columbia, MO 65205 sms/12-0457-DIS/Cond. Ord. </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7001 0320 0004 4250 2550</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	