

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
OCT 15 2012  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
CULTURAL INSURANCE SERVICES )  
INTERNATIONAL, INC., a nonresident third )  
party administrator, )  
 )  
Respondent. )

Case No. 12-0867-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. Cultural Insurance Services International, Inc. was formerly licensed by the State of Oklahoma as a nonresident third-party administrator holding license 863680. Its address of record is River Plaza, 9 West Broad Street, Stamford, CT 06902.
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 September 30, 2011. Respondent thereafter failed to submit a renewal application for licensure until September 11, 2012 when Respondent submitted the renewal application along with the TPA annual report that was due June 1, 2012 for the year 2011. Respondent never filed a 2010 annual report for which was due on June 1, 2011.

2. Respondent was instructed that another renewal form was necessary to renew the license until September 2013 and that Respondent must file an annual report for the year 2010.

3. 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).

4. Failure of any third party administrator to execute and file annual reports as required by 36 O.S. § 1452 shall constitute cause, after notice and opportunity for hearing, for censure, suspension, or revocation of administrator license to transact business in this state, or a civil penalty of not less than One Hundred Dollars (\$100.00) or more than One Thousand Dollars (\$1,000.00) for each occurrence, or both censure, suspension, or revocation and civil penalty. 36 O.S. § 1452.

### **ALLEGED VIOLATIONS OF LAW**

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

2. Respondent is in violation of 36 O.S. § 1452 for failing to timely execute and file the 2010 annual report.

## ORDER

**IT IS THEREFORE ORDERED** by the Insurance Commissioner that Cultural Insurance Services International, Inc. is **FINED ONE THOUSAND DOLLARS (\$1,000.00)** for operating without a license and is **FINED FIVE HUNDRED DOLLARS (\$500.00)** for failing to timely file annual reports. **The \$1,500.00 fine is to be paid within thirty (30) days of receipt of this order 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, Suite 100, 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 et seq. 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 15<sup>th</sup> day of October 2012.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA



*Julie Meaders*

Julie Meaders

Assistant General Counsel  
3625 N.W. 56<sup>th</sup> Street, Suite 100  
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 15<sup>th</sup> day of October 2012 to:

Cultural Insurance Services International, Inc.  
River Plaza  
9 West Broad Street  
Stamford, CT 06902

**CERTIFIED MAIL NO: 7008 1830 0003 9411 9617**

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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**OFFICIAL USE**

7008 1830 0003 9411 9617

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



Total Postage & Fees: **Cultural Ins. Serv. International, Inc.**  
 River Plaza  
 9 West Broad Street  
 Stamford, CT 06902

Sent To: **12-0867-DIS/JAM(mt0Con.Adm.Ord.)**

Street, Apt. No.; or PO Box No.  
 City, State, ZIP+4

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:

**Cultural Ins. Serv. International, Inc.**  
 River Plaza  
 9 West Broad Street  
 Stamford, CT 06902

**12-0867-DIS/JAM(mt0Con.Adm.Ord.)**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: **10/23/12**

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

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

2. Article Number (Transfer from service label) **7008 1830 0003 9411 9617**