

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

OCT 15 2012

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
PRIDE NATIONAL INSURANCE )  
COMPANY )  
 )  
Respondent. )

INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 12-0917-DIS

**CONDITIONAL ADMINISTRATIVE ORDER**

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner (“the Insurance Commissioner”), 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 et seq., including specifically those relating to the Oklahoma Annual Financial Report Act, 36 O.S. § 311A.1 et seq.

2. The Respondent herein, Pride National Insurance Company (“the Company”), is an insurer authorized to transact property, casualty, accident & health, marine, vehicle, and surety insurance business in the State of Oklahoma pursuant to Certificate of Authority Number 2696 (NAIC Number 25704).

3. If a hearing is requested by the Company, the Insurance Commissioner, pursuant to OAC § 365:1-7-5, upon written request reasonably made by a person affected by the hearing

and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

4. If a hearing is requested by the Company, the Insurance Commissioner, pursuant to 36 O.S. § 319, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and who will preside over that hearing.

#### **FINDINGS OF FACT**

1. The Company is subject to the requirements of 36 O.S. § 311A.4 requiring the filing of an audited financial report on June 1 of each year, and payment of accompanying specified fees.

2. The Company failed to file its audited financial report on June 1, 2012. The Department granted the Company an extension to file this report to and including July 16, 2012. The Company did not meet this extended deadline and failed to file its audited financial report with the Insurance Commissioner until September 28, 2012.

#### **CONCLUSIONS OF LAW**

1. The Company has violated its responsibilities under the Oklahoma Insurance Code by failing to timely file its audited financial report in calendar year 2012.

2. Pursuant to 36 O.S. § 619 (B), the Company's violation of its filing requirements as described above carries a fine of up to \$5,000 for each occurrence. Therefore, the fine for the Company's violation of its 2012 filing requirement equals \$5,000.


**ORDER**

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that the Company shall pay a fine of \$5,000 due to its late filing of its audited financial report.

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that this Order is a Conditional Order. Unless the Company requests a hearing with respect to the Findings 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 of this Order. Such request for a hearing, if desired, shall be made in writing, addressed to Kelley C. Callahan, Senior Attorney, Oklahoma Insurance Department, 3625 NW 56<sup>th</sup> Street, Suite 100, Oklahoma City, Oklahoma, 73112 and must be served on the Oklahoma Insurance Department within the time allotted. The proceedings on any such requested hearing will be conducted in accordance with the Oklahoma Insurance Code and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 through 403.

WITNESS My Hand and Official Seal this 15<sup>th</sup> day of October, 2012.



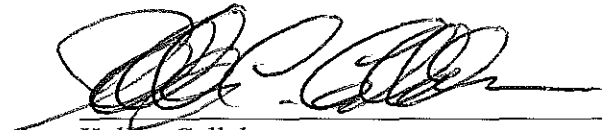
  
\_\_\_\_\_  
PAUL WILKENING  
Chief Deputy Insurance Commissioner  
Oklahoma Insurance Department

**CERTIFICATE OF MAILING**

I, Kelley Callahan, hereby certify that a true and correct copy of the above and foregoing Conditional Administrative Order was mailed postage prepaid with return receipt requested on this 15<sup>th</sup> day of October, 2012 to:

Matt Petkoff, President  
Pride National Insurance Company  
3217 Maryland Way  
Brentwood, TN 37027

And that a copy was delivered to the Oklahoma Insurance Department Financial and Examination Division.

A handwritten signature in black ink, appearing to read 'Kelley Callahan', written over a horizontal line.

Kelley Callahan  
Senior Attorney

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

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**Matt Petkoff, President**  
**Pride National Insurance Company**  
**3217 Maryland Way**  
**Brentwood, TN 37027**  
**sms/12-0917-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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>R. CANE</i></p> <p>C. Date of Delivery  <i>10/17/12</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>Matt Petkoff, President                      Pride National Insurance Company                      3217 Maryland Way                      Brentwood, TN 37027                      sms/12-0917-DIS/Cond. Ord.</p> </div>	<p><i>OCT 23 2012</i></p> <p><i>5217 Maryland Way #222</i>  <i>Brentwood, TN 37027</i></p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p>7001 0320 0003 9967 9077</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540