

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
JAN 31 2013  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
IHC HEALTH SOLUTIONS, INC. f/k/a )  
GROUPLINK, INC., )  
a nonresident third party )  
administrator, )  
 )  
Respondent. )

Case No. 12-1028-DIS

**CONDITIONAL ADMINISTRATIVE ORDER**  
**AND NOTICE OF RIGHT TO BE HEARD**

COMES NOW the State of Oklahoma, ex rel. John Doak Insurance Commissioner, by and through his undersigned attorney, and alleges and states as follows:

**JURISDICTION**

1. John 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 is licensed by the State of Oklahoma as a non-resident third-party administrator holding license number 863263. Its address of record with the Oklahoma Insurance Department is 6612 E. 75<sup>th</sup> Street, Suite 100, Indianapolis, IN 46250.
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 third-party administrator license lapsed on December 31, 2011 for failure to renew. Respondent thereafter submitted change of name documentation from GroupLink, Inc to IHC Health Solutions, Inc. and submitted an incomplete renewal application on October 29, 2012. Respondent submitted complete documentation for name change and renewal for the year 2012 on November 5, 2012.

2. Respondent failed to renew again and its license lapsed on December 31, 2012. Respondent continues to hold itself out as a third-party administrator while unlicensed.

3. On or before June 1 of each year, all licensed administrators shall file an annual report for the previous calendar year. The report shall have been reviewed by a certified public accountant who shall be independent of the administrator. The report shall be subscribed and sworn to by the president and attested to by the secretary or other proper officers substantiating that the information contained in the report is true and factual concerning each of the plans they administer which are governed pursuant to the Third-party Administrator Act. 36 O.S. § 1452.

4. Respondent's Third Party Administrator Annual Report for the 2011 year was due on or before June 1, 2012. Respondent failed to submit an annual report for the 2011 year.

### **ALLEGED VIOLATIONS OF LAW**

1. No person shall act as or present himself or herself to be an administrator in this state, unless the person holds a valid license as an administrator which is issued by the Insurance Commissioner. 36 O.S. § 1450(A). Respondent has violated 36 O.S. § 1450(A) by acting or holding itself as a third party administrator in this state while unlicensed.

2. Respondent is in violation of 36 O.S. § 1452 in failing to submit its annual report on or before June 1, 2012.

**ORDER**

**IT IS THEREFORE ORDERED** by the Insurance Commissioner that IHC Health Solutions f/k/a GroupLink, Inc. is **CENSURED AND FINED ONE THOUSAND DOLLARS (\$1,000.00)** for allowing its license to lapse two consecutive years and by failing to submit its 2011 annual report on or before June 1, 2012. **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 31<sup>st</sup> day of January, 2013.



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 31<sup>st</sup> day of January, 2013 to:

IHC Health Solutions f/k/a GroupLink, Inc.  
6612 E. 75<sup>th</sup> Street, Suite 100  
Indianapolis, IN 46250

**CERTIFIED MAIL NO: 7001 0320 0003 9967 1002**

and a copy was delivered to:

DeAnn Robinson/Financial Division




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Julie Meaders  
Assistant General Counsel



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>		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 2/14/13
<div style="border: 1px solid black; padding: 5px;"> IHC Health Solutions  f/k/a Grouplink, Inc  6642 E. 75TH Street, Suite 100  Indianapolis, IN 46250    12-1028-DIS/JAM(mt)Con. Adm. Ord. </div>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)		3. Service Type	
7001 0320 0003 9967 1002		<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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

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