



### ALLEGATIONS OF FACT

1. 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.

2. Respondent's Third Party Administrator Annual Report was due on or before June 1, 2012. Respondent submitted its annual report to the Oklahoma Insurance Department on August 30, 2012.

### ALLEGED VIOLATIONS OF LAW

1. 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 American Special Risk Management Corporation is **CENSURED AND FINED FIVE HUNDRED DOLLARS (\$500.00)** in failing to submit its 2011 annual report on or before June 1, 2012. **The \$500.00 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the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.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 22<sup>nd</sup> day of January, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
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 22<sup>nd</sup> day of January, 2013 to:

American Special Risk Management Corporation  
505 S. Lenola Road, Suite 231  
Moorestown, NJ 08057

**CERTIFIED MAIL NO: 7001 0320 0003 9967 0609**

and a copy was delivered to:

DeAnn Robinson/Financial Division

  
\_\_\_\_\_  
Julie Meaders  
Assistant General Counsel

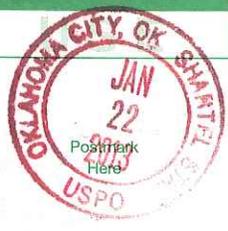
| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mail piece or on the front if space permits.</li> </ul> |  | A. Signature<br><b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |  |
| 1. Article Addressed to:<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>American Special Risk Management Corporation</b><br/> 505 S. Lenola Road, Suite 231<br/> Moorestown, NJ 08057<br/><br/> 12-1107-DIS/JAM(mt)Con.Adm.Ord. </div>   |  | B. Received by (Printed Name) <i>[Signature]</i><br>C. Date of Delivery <i>1/25/13</i><br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                       |  |
| 2. Article Number<br>(Transfer from service label) <b>7001 0320 0003 9967 0609</b>   |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |  |   |  |

RECEIVED OKLAHOMA INSURANCE DEPARTMENT  
JAN 30 2013  
Legal Division  
MOORESTOWN, NJ 08057  
JAN 25 2013

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**7001 0320 0003 9967 0609**



|   |    |  |
|---|----|--|
| Postage   | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |

**Total Postage & Fees**

**Sent To**  
**American Special Risk Management Corporation**  
**505 S. Lenola Road, Suite 231**  
**Moorestown, NJ 08057**  
  
**12-1107-DIS/JAM(mt)Con.Adm.Ord.**

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

PS Form 3800, January 2001 See Reverse for Instructions