

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

FILED
JAN 17 2013
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN DOAK, Insurance Commissioner,
Petitioner,
v.
CORVEL ENTERPRISE CO INC.,
a nonresident adjuster firm,
Respondent.

Case No. 12-1129-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 as a nonresident adjuster firm holding license 10013499. Respondent's address of record with the Department is 2010 Main Street, Suite 600, Irvine, CA 92614l.
3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Producer Licensing Act and/or may levy a fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code, 36 O.S. § 1435.13(A) and (D).

ALLEGATIONS OF FACT

1. Respondent applied for renewal of its non-resident adjuster firm license that expires 12/31/12. The renewal application asks the question; "Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license" The answer was checked "no".

2. A background check revealed that Corvel Enterprise Co., Inc. entered into a Consent to Fine with the State of Nevada and paid a \$500.00 fine on April 18, 2011 and entered into a Consent to Fine with the State of Nevada and paid a \$500.00 fine on August 1, 2011.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 1435.13(A)(1); providing incorrect, misleading, incomplete or materially untrue information in the license application.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Corvel Enterprise Co., Inc. is fined **FIVE HUNDRED DOLLARS (\$500.00)**. **The \$500 fine is to be paid immediately** made payable to the Oklahoma Insurance Department. Respondent's non-resident adjuster firm license shall not be renewed until the \$500.00 fine is paid.

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

56th Street, Suite 100, Oklahoma City, OK 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 17th day of January, 2013.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders

Julie Meaders
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 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 and by e-mail on this 17th day of January, 2013 to:

Corvel Enterprise Co Inc.
2010 Main Street, Suite 600
Irvine, CA 92614

CERTIFIED MAIL NO: 7001 0320 0003 9967 0517

and a copy was delivered to:

Licensing Division



JULIE MEADERS
ASSISTANT GENERAL COUNSEL

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. 		A. Signature <input checked="" type="checkbox"/> <i>Stacey Lind</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Corvel Enterprise CO. Inc. 2010 Main Street, Suite 600 Irvine, CA 92614 12-1129-DIS/JAM(mt)Con. Admin.Ord.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7001 0320 0003 9967 0517		<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.	
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	
PS Form 3800, January 2001	See Reverse for Instructions

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