

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

FILED
FEB 12 2013
INSURANCE COMMISSIONER
OKLAHOMA

**STATE OF OKLAHOMA, ex rel. JOHN D.
DOAK, Insurance Commissioner,**)
)
)
Petitioner,)
)
v.)
)
OLYMPIC HEALTH MANAGEMENT)
SYSTEMS, INC.)
a nonresident third party administrator,)
)
Respondent.)

Case No. 13-0091-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 undersigned attorney, 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. Olympic Health Management Systems, Inc. is licensed by the State of Oklahoma as a nonresident third party administrator holding license number 863041. Its address of record with the Oklahoma Insurance Commissioner is P.O. Box 5348, Bellingham, Washington 98227.
3. The Commissioner may censure, suspend or revoke a third-party administrator's license or assess a civil penalty of not less than \$100.00 or more than \$1,000.00 for each occurrence of failing to file an annual report. 36 O.S. § 1452.

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 2011 Third Party Administrator Annual Report was due on or before June 1, 2012. Respondent submitted its annual report on August 23, 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 Olympic Health Management Systems, Inc. is **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** 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

56th 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 12th day of February, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders

Julie Meaders

Assistant General Counsel
3625 N.W. 56th 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 12th day of February, 2013 to:

Olympic Health Management Systems, Inc.
P.O. Box 5348
Bellingham, WA 98227

CERTIFIED MAIL NO: 7001 0320 0003 9967 1323

and a copy was delivered to:

DeAnn Robinson/Financial Division



Julie Meaders
Assistant General Counsel

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage:	Olympic Health Management Systems, Inc. P.O. Box 5348 Bellingham, WA 98227 13-0091-DIS/JAM(mt)Con.Adm.ord.
Sent To	
Street, Apt. No. or PO Box No.	
City, State, ZIP	

Postmark Here
**MOONER STA NORMAN OK
FEB 12 2013
USPS**

7001 0320 0003 9967 1323

PS Form 3800, January 2001 See Reverse for Instructions

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>RECEIVED YES, enter delivery address below: <input type="checkbox"/> No</p> <p>OKLAHOMA INSURANCE DEPARTMENT FEB 25 2013</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Olympic Health Management Systems, Inc. P.O. Box 5348 Bellingham, WA 98227 13-0091-DIS/JAM(mt)Con.Adm.ord.</p> </div>	<p>3. Service Type</p> <p><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>2. Article Number (Transfer from service label) 7001 0320 0003 9967 1323</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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