

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
APR 11 2013
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,

Petitioner,

v.

BUTLER BENEFIT SERVICE, INC.,
a nonresident third party
administrator,

Respondent.

Case No. 13-0336-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. Butler Benefit Service, Inc. is licensed by the State of Oklahoma as a nonresident third party administrator holding license number 863986. Its address of record is P. O. Box 3310, Davenport, Iowa 52808-3310.

ALLEGATIONS OF FACT

1. Respondent's Oklahoma third party administrator license lapsed on September 30, 2012 and Respondent failed to renew until March 2013.

2. Any person who is acting as or presenting himself to be an administrator without a valid license shall be subject, upon conviction, to a fine of not less than One Thousand Dollars

(\$1,000.00) nor more than Ten Thousand Dollars (\$10,000.00) for each occurrence. 36 O.S. § 1450(H).

ALLEGED VIOLATIONS OF LAW

1. Respondent is in violation of 36 O.S. § 1450(H) for acting as or presenting itself to be a third party administrator in Oklahoma without a valid license.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Butler Benefit Service, Inc. is **FINED FIVE HUNDRED DOLLARS (\$500.00)** for acting as a third party administrator while unlicensed in the State of Oklahoma. **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 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 11th day of April, 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 11th day of April, 2013 to:

Butler Benefit Service, Inc.
P. O. Box 3310
Davenport, IA 52808-3310

CERTIFIED MAIL NO: 7001 0320 0003 9966 6909

and a copy was delivered to:

DeAnn Robinson/Financial Division




Julie Meaders
Assistant General Counsel

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

OFFICIAL USE

7001 0320 0003 9966 6909

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To Butler Benefit Service, Inc. P.O. Box 3310 Davenport, IA 52808-3310 13-0336-DIS/JAM(mt)Aond.Adm.Ord.		
Street, Apt. No., or PO Box No. City, State, ZIP+4		

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Michael J. Brell</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Michael J. Brell</i> <i>4/16/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">RECEIVED APR 19 2013 OKLAHOMA INSURANCE DEPARTMENT Legal Division</p> <p>Butler Benefit Service, Inc. P.O. Box 3310 Davenport, IA 52808-3310 13-0336-DIS/JAM(mt)Aond.Adm.Ord.</p> </div>	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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