

TX 77254-0307. (Exhibit "A").

2. Taylor Millard briefly replied by email on November 20, 2013, stating the Company was working with the insured's public adjuster and would advise when a conclusion was reached in the matter. (Exhibit "B").

3. As of the date of this Order, Respondent has failed to adequately respond to the Department's inquiry of November 14, 2013.

CONCLUSIONS OF LAW

1. Every agent, adjuster, administrator, insurance company representative, or insurer upon receipt of any inquiry from the Commissioner shall, within thirty (30) days from the date of the inquiry, furnish the Commissioner with an *adequate* response to the inquiry. 36 O.S. § 1250.4(B).

2. Respondent has violated 36 O.S. § 1250.4(B) by failing to furnish an adequate response to an inquiry from the Commissioner within thirty (30) days from the date of the inquiry.

ORDER

IT IS THEREFORE ORDERED that Respondent shall provide a response to the inquiry referenced above and is fined in the amount of Five Hundred Dollars (\$500.00). The response and fine are to be submitted to the Oklahoma Insurance Department within thirty (30) days of the date of this Order.

Respondent is further notified that it may request a hearing within thirty (30) days of the receipt of this Order and upon such request a hearing shall be conducted before an independent hearing examiner. A request for hearing shall be made in writing to Julie Meaders, Deputy General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100,

Oklahoma City, Oklahoma 73112, and shall state the basis for the request.

The hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq. and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 et seq. If Respondent does not request a hearing within 30 days of receipt of this Order, it shall become a **FINAL ORDER** on the 31st day following said receipt. If Respondent timely serves a request for hearing, this Conditional Order shall act as a notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalty imposed in this Conditional Order shall be considered withdrawn, pending final resolution of this matter through hearing.

WITNESS My Hand and Official Seal this 4th day of February, 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders

Julie Meaders
Deputy General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 73112
(405) 521-2746

CERTIFICATE OF SERVICE

I, Julie Meaders, hereby certify that a true and correct copy of the above and foregoing Conditional Administrative Order was mailed certified, return receipt requested, on this 4th day of February, 2014 to:

MDOW Insurance Company
ATTN: Taylor Millard
P.O. Box 540548
Houston, TX 77254-0307

Certified Mail No.
7001 0320 0004 4249 5319

MDOW Insurance Company
2200 W. Alabama, Suite 210
Houston, TX 77254-0307

Certified Mail No.
7001 0320 0004 4249 5326

and a copy was delivered to:

Consumer Assistance Division



Julie Meaders

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

7001 0320 0004 4249 5319

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: MDOW Insurance Company
 ATTN: Taylor Millard
 P.O. Box 540548
 Houston, TX 77254-0307
 rlg/14-0109-DIS/Cond. Adm. Ord.

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

PS Form 3800, January 2004

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>* <i>Bill Miller</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Bill Miller</i></p> <p>C. Date of Delivery</p> <p><i>02/07/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>OKLAHOMA INSURANCE DEPARTMENT</p> <p>FEB 11 2014</p> <p>MDOW Insurance Company ATTN: Taylor Millard P.O. Box 540548 Houston, TX 77254-0307 rlg/14-0109-DIS/Cond. Adm. Ord.</p> <p>Legal Division</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0004 4249 5319</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

Governor
Mary Fallin



Insurance Commissioner
John Doak

Oklahoma Insurance Department
State of Oklahoma

November 14, 2013

TAYLOR MILLARD
MDOW INSURANCE COMPANY
PO BOX 540548
HOUSTON TX 77254-0307

RE: JESSICA MAYBERRY
OID FILE NUMBER:42724

Dear Taylor Millard:

Enclosed you will find a copy of a Request for Assistance we have received from the above inquirer. Please review this correspondence and advise this office of your position. We ask that you use our file number on all correspondence concerning this inquiry.

Section 1250.4 (B) of the Oklahoma Insurance Code requires that your company provide this Department with an adequate written explanation regarding your position taken in this matter. Your response must be received by this office no later than thirty (30) days from the date of this letter.

Your response must include the full name of the insuring company and the corresponding NAIC company code. This will ensure that we associate the record of the complaint with the appropriate entity.

We also request that you provide a copy of the policy in question, and further request that you provide a specific contact person who will be handling this matter, their direct telephone number and e-mail address.

Thank you in advance for your assistance and your timely response. This department looks forward to working with you in resolving the insurance problems of this consumer.

Sincerely,

Jason Johnston CIC CISR
Sr. Claims Process Reviewer
Consumer Assistance/Claims Division
Jason.Johnston@oid.ok.gov
(405)521-2991 Phone (405) 521-6652 Fax

Enclosure



From: [Taylor Millard \(MDOW\)](#)
To: [Jason Johnston](#)
Subject: Jessica Mayberry OID 42724
Date: Wednesday, November 20, 2013 8:27:30 AM

Dear Jason,

The insured has contracted with a Public Adjuster and we are trying to resolve any possible supplements required regarding this claim. We have just begun the process and I will advise you when we reach our conclusion regarding this matter.

Thanks for your patience,

Taylor Millard

Claims Manager



MDOW
INSURANCE GROUP

HOPE, AFFORDABILITY, DEPENDABLE, INNOVATIVE, RESPECT

O: 713.528.6686 | F: 713-528-7003 | taylor@mdowinsurance.com

