

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
SEP 23 2014  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
 Petitioner, )  
 )  
vs. )  
 )  
YORK RISK SERVICES GROUP, INC., a )  
licensed adjuster business entity in the State of )  
Oklahoma, )  
 Respondent. )

CASE NO. 14-0911-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 counsel and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code 36 O.S. §§ 101-7004.

2. Respondent York Risk Services Group, Inc. (“Respondent”) is a licensed insurance adjuster business entity in the State of Oklahoma holding license number 0010005384.

**ALLEGATIONS OF FACT**

1. On or about July 29, 2014, an inquiry letter written by Oklahoma Insurance Department (“OID”) Consumer Assistance Division employee Jason Johnston regarding a claim which arose under an insurance contract involving complainant Howard Iryck was forwarded by the OID to Respondent. The OID file number for this matter is #46854.

2. The July 29, 2014 inquiry letter was sent to Respondent’s address filed with OID

and contained within the National Association of Insurance Commissioners (“NAIC”) State Based Systems (“SBS”) Database. The SBS-provided mailing address on record for Respondent is listed as 99 Cherry Hill Rd., Suite 102, Parsippany, New Jersey 07054-1102.

3. The thirtieth (30<sup>th</sup>) day after the date of the inquiry was August 28, 2014.

4. As of the date of this Order, Respondent has failed to provide a response to the July 29, 2014 inquiry letter.

5. A copy of the inquiry letter that was not timely responded to by Respondent is attached as “Exhibit A.”

#### **ALLEGED VIOLATIONS OF LAW**

1. Respondent 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 One Thousand Dollars (\$1,000.00). The response and fine are to be submitted to the Oklahoma Insurance Department within thirty (30) days of the date of this Order.** The \$1,000.00 civil fine shall be paid by money order or cashiers check.

**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 Barron Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, 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 23<sup>rd</sup> day of September, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

*Barron B. Brown*

\_\_\_\_\_  
Barron B. Brown  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
(405) 521-2749

**CERTIFICATE OF MAILING**

I, Barron B. Brown, 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 23<sup>rd</sup> day of September, 2014, to:

York Risk Services Group, Inc.  
99 Cherry Hill Rd., Suite 102  
Parsippany, NJ 07054-1102

CERTIFIED MAIL NO. **7014 0150 0001 9588 3255**

and a copy was delivered to:

Jason Johnston  
Consumer Assistance Division



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Barron B. Brown  
Assistant General Counsel

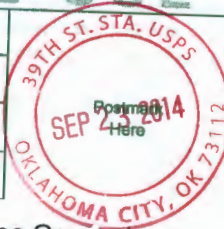
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

7014 0150 0001 9588 3255

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



Total Postage & Fees York Risk Services Group, Inc.

Sent To  
 Street, Apt. No., or PO Box No. 99 Cherry Hill Rd., Suite 102  
 City, State, ZIP+4 Parsippany, NJ 07054-1102  
**14-0911-DIS/BBB(mt)**  
**(Cond. Adm. Ord. / 9-23-14)**

PS Form 3800, August 2006

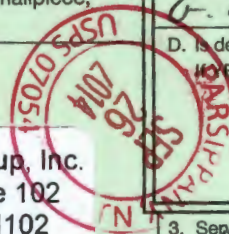
See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

York Risk Services Group, Inc.  
 99 Cherry Hill Rd., Suite 102  
 Parsippany, NJ 07054-1102  
**14-0911-DIS/BBB(mt)**  
**(Cond. Adm. Ord. / 9-23-14)**



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *[Signature]*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 G. Norris 9/26/14

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

OCT 02 2014

Legal Division

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7014 0150 0001 9588 3255

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Governor  
Mary Fallin



Insurance Commissioner  
John D. Doak

Oklahoma Insurance Department  
State of Oklahoma

July 29, 2014

YORK RISK SERVICES GROUP, INC.  
99 CHERRY HILL RD STE 102  
PARSIPPANY NJ 07054-1102

RE: HOWARD IRYCK, CLAIM BNUW-6407  
OID FILE NUMBER: 46854

Ladies and Gentlemen:

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,

A handwritten signature in black ink that reads "Jason Johnston".

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

