

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

SEP 09 2015

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,
Petitioner,
v.
INSURANCETPA.COM, INC.,
an applicant for renewal of a
nonresident third-party administrator license,
Respondent.

Case No. 15-1013-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, Barron B. Brown, 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. InsuranceTPA.com, Inc. (“Respondent”) is an applicant for renewal of its third-party administrator license with the Oklahoma Insurance Department. Its address of record is 462 Midland Rd., Janesville, Wisconsin 53546.

3. The Commissioner, “upon finding reasons for which the issuance or nonrenewal of [a third-party administrator license] could have been denied,” may either suspend or revoke a third-party administrator’s license or assess a civil penalty of not more than Five Thousand Dollars (\$5,000.00) for each occurrence of a violation of the Oklahoma Insurance Code. 36 O.S. § 1450(G).

ALLEGATIONS OF FACT

1. 36 O.S. § 1450(E) provides the following: “[the] administrator's license shall continue in force no longer than twelve (12) months from the original month of issuance. Upon filing a renewal form prescribed by the Commissioner, accompanied by a fee of One Hundred Dollars (\$100.00), the license may be renewed annually for a one-year term. Late application for renewal of a license shall require a fee of double the amount of the original license fee. The administrator shall submit, together with the application for renewal, a list of the names and addresses of the persons with whom the administrator has contracted in accordance with Section 1443 of this title. The Commissioner shall hold this information confidential except as provided in Section 1443 of this title.”

2. Respondent’s administrator license expired on or about January 31, 2015. Respondent failed to renew its license on or before that date. On or about August 27, 2015, Respondent submitted its renewal application with the requisite late application fee.

ALLEGED VIOLATIONS OF LAW

1. Respondent is in violation of 36 O.S. § 1450(E) by failing to timely renew its third-party administrator license on or before the expiration date of its license.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is **FINED ONE THOUSAND DOLLARS (\$1,000.00)** in failing to timely renew its third-party administrator license. **The \$1,000.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$1,000.00 civil fine shall be paid by money order or cashier’s check. Respondent’s application for a renewal of its third-party administrator license may be granted upon receipt of payment of the fine and reporting of the administrative action.

Failure to pay the civil fine or request a hearing within thirty (30) days will result in your renewal license application being withdrawn.

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 B. Brown, 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 9th day of September, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Barron B. Brown".

Barron B. Brown
Assistant General Counsel
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112

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 regular mail and by certified mail, with postage prepaid and return receipt requested, on this 9th day of September, 2015 to:

InsuranceTPA.com, Inc.
462 Midland Rd.
Janesville, WI 53546

CERTIFIED MAIL NO: 7015 0640 0004 4933 9061

and a copy was delivered to:

DeAnn Robinson/Financial Division



Barron B. Brown
Assistant General Counsel

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Postage
 \$ _____

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Sent To

Street and Apt. No., or PO Box 1

City, State, ZIP+4®

InsuranceTPA.com, Inc.
 462 Midland Rd.
 Janesville, WI 53546
 rlq/15-1013-DIS(BBB)/Cond. Adm. Ord.

PS Form 3800, April 2015 PSN

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

InsuranceTPA.com, Inc.
 462 Midland Rd.
 Janesville, WI 53546
 rlq/15-1013-DIS(BBB)/Cond. Adm. Ord.



9590 9403 0272 5155 0732 60

2. Article Number (Transfer from service label)

7015 0640 0004 4933 9061

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sharon Abney* Agent
 Addressee

B. Received by (Printed Name) *S ABNEY* C. Date of Delivery *9-14-15*

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

OKLAHOMA INSURANCE DEPARTMENT
 RECEIVED
 SEP 18 2015

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
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 - Collect on Delivery Restricted Delivery
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 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt