

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

**FILED**

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

SEP 15 2015

INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 15-1028-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. FCE Benefits Administrators Inc. ("Respondent") is an applicant for renewal of its third-party administrator license with the Oklahoma Insurance Department. Its address of record is 887 Mitten Road, Suite 200, Burlingame, California 94010-1303.

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 November 30, 2014. Respondent failed to renew its license on or before that date. On or about September 1, 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 56<sup>th</sup> 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 15<sup>th</sup> 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. 56<sup>th</sup> 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 15<sup>th</sup> day of September, 2015 to:

FCE Benefits Administrators Inc.  
887 Mitten Road, Suite 200  
Burlingame, CA 94010-1303

**CERTIFIED MAIL NO: 7015 0640 0004 4933 9078**

and a copy was delivered to:

DeAnn Robinson/Financial Division



Barron B. Brown  
Barron B. Brown  
Assistant General Counsel

**U.S. Postal Service™  
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**Total Postage and Fees**  
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**City, State, ZIP+4®**  
\_\_\_\_\_

FCE Benefits Administrators Inc.  
887 Mitten Rd., Suite 200  
Burlingame, CA 94010-1303  
rg/15-1028-DIS(BBB)/Cond. Adm. Ord.

PS Form 3800, April 2015 PSN

7015 0640 0004 4933 9078

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>STREET</i> C. Date of Delivery <i>9/18</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> <p style="text-align: center; font-size: 1.2em;">SEP 23 2015</p> <p style="text-align: center;">Legal Division</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>FCE Benefits Administrators Inc. 887 Mitten Rd., Suite 200 Burlingame, CA 94010-1303 rg/15-1028-DIS(BBB)/Cond. Adm. Ord.</p> </div> <p style="text-align: center;">   <b>9590 9403 0272 5155 0732 77</b> </p> <p>Article Number (Transfer from service label) <b>7015 0640 0004 4933 9078</b></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<p>Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p style="text-align: right;">Domestic Return Receipt</p>																