

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED  
OCT 28 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

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

Case No. 15-1229-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. Avesis Third Party Administrators Inc. (“Respondent”) is an applicant for renewal  
of its third-party administrator license with the Oklahoma Insurance Department. Its address of  
record is 10324 S. Dolfield Rd., Owings Mills, Maryland 21117-3510 .

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 March 31, 2015. Respondent failed to renew its license on or before that date. On or about September 9, 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 28<sup>th</sup> day of October, 2015.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

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 28<sup>th</sup> day of October, 2015 to:

Attn: Phyllis Oppenheim  
Avesis Third Party Administrators Inc.  
10324 S. Dolfield Rd.  
Owings Mills, MD 21117-3510

**CERTIFIED MAIL NO: 7015 0640 0004 4933 6091**

and a copy was delivered to:

DeAnn Robinson/Financial Division



Barron B. Brown  
Assistant General Counsel

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_



Sent To \_\_\_\_\_

Street and Apt. No., or PO Box 1 \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Avesis Third Party Administrators Inc.  
 ATTN: Phyllis Oppenheim  
 10324 S. Dolfield Rd.  
 Owings Mills, MD 21117-3510  
 rg/15-1229-DIS(BBB)/Cond. Adm. Ord.

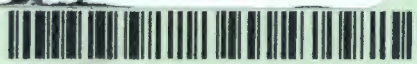
PS Form 3800, April 2015 PSN

**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:

Avesis Third Party Administrators Inc.  
 ATTN: Phyllis Oppenheim  
 10324 S. Dolfield Rd.  
 Owings Mills, MD 21117-3510  
 rg/15-1229-DIS(BBB)/Cond. Adm. Ord.



9590 9403 0272 5155 1374 50

2. Article Number (Transfer from service label)

7015 0640 0004 4933 6091

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Phyllis Oppenheim*  Addressee

B. Received by (Printed Name) *Phyllis Oppenheim*

C. Date of Delivery *11/2*

D. Is delivery address different from item 1?  Yes  
 No

YES, enter delivery address below:

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 NOV-09 2015  
 Local Division

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Insured Mail Restricted Delivery (over \$500)