

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

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner, )  
)  
)  
Petitioner, )  
)  
)  
v. )  
)  
HOMELAND HEALTHCARE, INC., )  
a non-resident third-party )  
administrator, )  
)  
)  
Respondent. )

**FILED**  
JAN 29 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 16-0075-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, 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. Homeland Healthcare, Inc. is licensed by the State of Oklahoma as a non-resident third-party administrator holding license number 864425. Its address of record is 825 Market Street #300, Allen, TX 75013.
3. The Commissioner may censure, suspend or revoke a third-party administrator's license to transact business in this state, or assess a civil penalty of not less than One Hundred Dollars (\$100.00) or more than One Thousand Dollars (\$1,000.00) for each occurrence, or both censure, suspension, or revocation and civil penalty for failing to file an annual report. See 36 O.S. § 1452(A).

### **ALLEGATIONS OF FACT**

1. On or before June 1 of each year, all licensed administrators shall file an annual report for the previous calendar year. The report shall have been reviewed by a certified public accountant who shall be independent of the administrator. The report shall be subscribed and sworn to by the president and attested to by the secretary or other proper officers substantiating that the information contained in the report is true and factual concerning each of the plans they administer which are governed pursuant to the Third-party Administrator Act. The report shall include the name and address of each fund and a statement of fund equity, paid claims by the covered unit, the accumulated year-to-date paid claims, and the year-to-date reserve status. Failure of any third-party administrator to execute and file the annual reports as required by this section shall constitute cause, after notice and opportunity for hearing, for censure, suspension, or revocation of administrator licensure to transact business in this state, or a civil penalty of not less than One Hundred Dollars (\$100.00) or more than One Thousand Dollars (\$1,000.00) for each occurrence, or both censure, suspension, or revocation and civil penalty. See 36 O.S. § 1452(A).

2. Respondent's Third-Party Administrator Annual Report for the year 2014 was due on or before June 1, 2015. As of the date of this Order, Respondent has failed to file its Third-Party Administrator Annual Report for the year 2014 with the Oklahoma Insurance Department (the "Department").

### **ALLEGED VIOLATIONS OF LAW**

1. Respondent is in violation of 36 O.S. § 1452(A) for failing to submit its Third-Party Administrator Annual Report for the year 2014 to the Department on or before June 1, 2015.

**ORDER**

**IT IS THEREFORE ORDERED** by the Insurance Commissioner that Homeland Healthcare, Inc. is **CENSURED AND FINED ONE THOUSAND DOLLARS (\$1,000.00)** for failing to submit its Third-Party Administrator Annual Report for the year 2014 to the Department on or before June 1, 2015. **The ONE THOUSAND DOLLAR (\$1,000.00) fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department.

**IT IS FURTHER ORDERED** by the Insurance Commissioner that Homeland Healthcare, Inc. **shall submit its Third-Party Administrator Annual Report for the year 2014 to the Department within thirty (30) days of the date of this Order and that in the event it fails to do so that its license to transact business in this state shall be immediately suspended until such time as it submits such report and pays the assessed fine of ONE THOUSAND DOLLARS (\$1,000.00) to the Department.**

**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 Dan R. Byrd, Assistant General Counsel, 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 29<sup>th</sup> day of January, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Dan R. Byrd", written over a horizontal line.

Dan R. Byrd  
Assistant General Counsel  
3625 N.W. 56<sup>th</sup> Street, Suite 100  
Oklahoma City, OK 73112  
Telephone: (405) 522-6330  
Facsimile: (405) 522-0125

**CERTIFICATE OF MAILING**


I, Dan R. Byrd, Assistant General Counsel, 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 29<sup>th</sup> day of January, 2016 to:

Homeland Healthcare, Inc.  
825 Market Street #300  
Allen, TX 75013

**CERTIFIED MAIL NO: 7015 0640 0002 7406 6460**

and a copy was delivered to:

DeAnn Robinson/Financial Division



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Dan R. Byrd  
Assistant General Counsel

U.S. Postal Service™  
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Sent To

Street and Apt. No., or PO Box #

City, State, ZIP+4®

Homeland Healthcare, Inc.  
 825 Market Street, #300  
 Allen, TX 75013  
**16-0075-DIS/DRB(mt)**  
**(Cond. Adm. Ord & Notice ~1-29-16)**



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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:

Homeland Healthcare, Inc.  
 825 Market Street, #300  
 Allen, TX 75013  
**16-0075-DIS/DRB(mt)**  
**(Cond. Adm. Ord & Notice ~1-29-16)**



9590 9403 0272 5155 0712 73

2. Article Number (Transfer from service label)

7015 0640 0002 7406 6460

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

RECEIVED INSURANCE DEPARTMENT  
 Legal Division  
 FEB 02 2016

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

3. Service Type
- Adult Signature
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  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
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PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt