

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
MAR 04 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
PEOPLE 1ST HEALTH STRATEGIES, INC.,)
a non-resident third-party)
administrator,)
)
Respondent.)

Case No. 16-0080-DIS

CONSENT ORDER

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through Counsel, Dan R. Byrd, and People 1st Health Strategies, Inc. (“Respondent”) and enter into this Consent Order.

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. People 1st Health Strategies, Inc. is licensed by the State of Oklahoma as a non-resident third-party administrator holding license number 864183. Its address of record is 309 Insurance Dr., Suite A, Ft. Wayne, IN 46835.
3. Respondent has been apprised of its rights including the right to a public hearing and has knowingly and freely waived said rights and entered into this Consent Order as a voluntary settlement of the issues and questions raised in the above captioned case.

STIPULATIONS 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. Respondent failed to file its Third-Party Administrator Annual Report for the year 2014 with the Oklahoma Insurance Department (the "Department") as required by 36 O.S. § 1452(A), but has subsequently filed its report with the Department on February 25, 2016.

CONCLUSIONS 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 AND CONSENT

IT IS THEREFORE ORDERED by the Insurance Commissioner and **CONSENTED** to by People 1st Health Strategies, Inc. that it be fined in the amount of Five Hundred Dollars (\$500.00) for the above described violations of the Oklahoma Insurance Code due and payable to the Oklahoma Insurance Department within thirty (30) days after the date of this Order.

WITNESS My Hand and Official Seal this 4th day of March, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "James C. Mills".

JAMES MILLS
CHIEF OF STAFF

APPROVED:

A handwritten signature in black ink that reads "Dan R. Byrd".

DAN R. BYRD
Assistant General Counsel

A handwritten signature in black ink that reads "Nancy Vinson, CEO".

NANCY VINSON
CEO

CERTIFICATE OF MAILING

I, Dan R. Byrd, hereby certify that a true and correct copy of the above and foregoing Consent Order was mailed via certified mail with return receipt requested, and via regular mail, on this 4th day of March 2016, to:

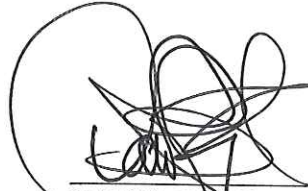
People 1st Health Strategies, Inc.

309 Dns. Dr
807c A
ATTN: Nancy Vinson
Ft. Wayne, IN 46835

CERTIFIED MAIL NO: 7015 0640 0002 7406 9560

and a copy was delivered to:

DeAnn Robinson/Financial Division



DAN R. BYRD
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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

For delivery information, visit our website at www.usps.com

OFFICIAL USE

7015 0640 0002 7406 9560

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box	
City, State, ZIP+4®	



People 1st Health Strategies, Inc.
 Attn: Nancy Vinson
 309 Insurance Drive, Suite A
 Ft. Wayne, IN 46835
16-0080-DIS/DRB(mt)
(Consent Order ~3-04-16)

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. People 1st Health Strategies, Inc.
 Attn: Nancy Vinson
 309 Insurance Drive, Suite A
 Ft. Wayne, IN 46835
16-0080-DIS/DRB(mt)
(Consent Order ~3-04-16)



9590 9403 0272 5155 0701 53

2. Article Number (Transfer from service label)

7015 0640 0002 7406 9560

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Sara J. Smead	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Sara J. Smead	C. Date of Delivery 3-7-16

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
MAR 11 2016

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Legal Division

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

Domestic Return Receipt