

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

FILED
MAR 09 2016
INSURANCE COMMISSIONER
OKLAHOMA

**STATE OF OKLAHOMA, ex rel. JOHN D.
DOAK, Insurance Commissioner,**)
)
Petitioner,)
)
v.)
)
PRIMARY VISION CARE SERVICE, INC.,)
a resident third-party)
administrator,)
)
Respondent.)

Case No. 16-0081-DIS

CONSENT ORDER

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through Counsel, Dan R. Byrd, and Primary Vision Care Service, 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. Primary Vision Care Service, Inc. is licensed by the State of Oklahoma as a resident third-party administrator holding license number 863126. Its address of record is 2518 W. Gore Blvd., Ste. C, Lawton, OK 73505.
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 such with report with the Department on February 22, 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 Primary Vision Care Service, Inc. that it be fined in the amount of Two Hundred Dollars (\$200.00) 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 9th day of ~~February~~, 2016.
March



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

James C. Mills

JAMES MILLS
CHIEF OF STAFF

APPROVED:

[Signature]

DAN R. BYRD
Assistant General Counsel

John P. Purcell, Jr.

JOHN P. PURCELL, JR.
On Behalf of the Respondent

CERTIFICATE OF MAILING

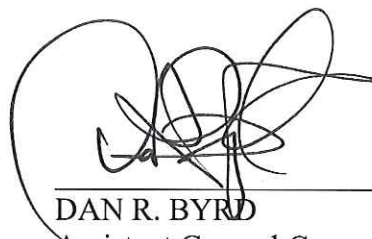
I, Dan R. Byrd, hereby certify that a true and correct copy of the above and foregoing Consent Order was mailed via certified mail with return receipt requested, and via regular mail, on this 9th day of ~~February~~ March, 2016, to:

Primary Vision Care Service, Inc.
ATTN: John Purcell
2518 W. Gore Blvd., Ste. C
Lawton, OK 73505

CERTIFIED MAIL NO: 7015 0640 0002 7406 9768

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

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Primary Vision Care Service, Inc.
 Attn: John Purcell
 2518 W. Gore Blvd., Ste. C
 Lawton, OK 73505
16-0081-DIS/DRB(mt)
(Consent Order ~ 3-09-16)

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<p>1. Article Addressed to:</p> <p>Primary Vision Care Service, Inc. Attn: John Purcell 2518 W. Gore Blvd., Ste. C Lawton, OK 73505 16-0081-DIS/DRB(mt) (Consent Order ~ 3-09-16)</p>  <p>9590 9402 1346 5285 6024 48</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below:</p> <p>MAR 17 2016</p> <p>Legal Division</p>
<p>2. Article Number (Transfer from service label) 7015 0640 0002 7406 9768</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>

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