

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED  
MAR 17 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

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

Case No. 16-0092-DIS

CONSENT ORDER

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through Counsel, Dan R. Byrd, and Vision Care Oklahoma, LLC (“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. Vision Care Oklahoma, LLC is licensed by the State of Oklahoma as a resident third-party administrator holding license number 864338. Its address of record is 9102 S. Toledo Ave., Tulsa, OK 74137.
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 17, 2016.

**CONCLUSIONS OF LAW**

I. 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 Vision Care Oklahoma, LLC 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 17<sup>th</sup> day of ~~February~~ March, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in cursive script, appearing to read "James C. Mills".

JAMES MILLS  
CHIEF OF STAFF

**APPROVED:**

A handwritten signature in blue ink, appearing to read "Dan R. Byrd".

DAN R. BYRD  
Assistant General Counsel

A handwritten signature in blue ink, appearing to read "James F. Ashford, Jr.".

JAMES F. ASHFORD, JR.  
On Behalf of the Respondent

**CERTIFICATE OF MAILING**

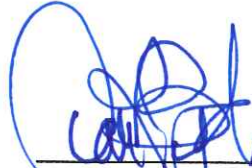
I, Dan R. Byrd, hereby certify that a true and correct copy of the above and foregoing Consent Order was mailed via certified mail with return receipt requested, and via regular mail, on this 17<sup>th</sup> day of ~~February~~ *March*, 2016, to:

Vision Care Oklahoma, LLC  
ATTN: James Ashford  
9102 S. Toledo Ave.  
Tulsa, OK 74137

**CERTIFIED MAIL NO: 7015 0640 0002 7406 9942**

and a copy was delivered to:

DeAnn Robinson/Financial Division



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

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

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

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

Sent To  
 Street and Apt. No., or PO Box  
 City, State, ZIP+4®

Vision Care Oklahoma, LLC  
 Attn: James Ashford  
 9102 S. Toledo Ave.  
 Tulsa, OK 74137  
**16-0092-DIS/DRB(mt)**  
**(Consent Order ~ 3-17-16)**

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:

Vision Care Oklahoma, LLC  
 Attn: James Ashford  
 9102 S. Toledo Ave.  
 Tulsa, OK 74137  
**16-0092-DIS/DRB(mt)**  
**(Consent Order ~ 3-17-16)**



9590 9402 1346 5285 6021 72

2. Article Number (Transfer from service label)

7015 0640 0002 7406 9942

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *James Ashford*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
 3/21/16

Is delivery address different from item 1?  Yes  No

OKLAHOMA INSURANCE CO. If delivery address below: \_\_\_\_\_

MAR 24 2016  
 Legal Division

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input 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                                  |   |
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt