

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

MAR 21 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)

vs.)

Case No. 16-0230-DIS

BEDIVERE INSURANCE COMPANY, a)
licensed insurance company doing business in)
the State of Oklahoma,)

Respondent.

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 undersigned counsel, and alleges and states as follows:

JURISDICTION

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ et seq. and 85A O. S. § 31(D) of the Administrative Workers' Compensation Act.

2. Respondent Bedivere Insurance Company ("Respondent") is a licensed insurance company doing business in the State of Oklahoma holding CoCode Number 859686 and NAIC number 21970.

ALLEGATIONS OF FACT

1. The Multiple Injury Trust Fund ("MITF") Act, 85A O.S. § 31(D) provides that "Any mutual or interinsurance association, stock company, or other insurance company, which is subject to regulation by the Insurance Commissioner, or CompSource Oklahoma, failing to make payments required in this act promptly and correctly, and failing to report payment of the same

to the Insurance Commissioner within ten (10) days of payment shall be subject to administrative penalties as allowed by law, including but not limited to a fine in the amount of Five Hundred Dollars (\$500.00) or an amount equal to one percent (1%) of the unpaid amount, whichever is greater, to be paid to the Insurance Commissioner”.

2. Respondent failed to timely pay its Multiple Injury Trust Fund (MITF) quarterly assessment to the Oklahoma Tax Commission by the deadline date of January 15, 2016 and failed to submit its WC-10 form with the Department by the deadline date of January 25, 2016, as required by 85A O.S. § 31(D).

CONCLUSIONS OF LAW

1. Respondent has violated 85A O.S. § 31(D) for failing to timely pay its quarterly assessment to the Oklahoma Tax Commission and by failing to submit its WC-10 form to the Department, as required by 85A O.S. § 31(D).

2. Pursuant to 85A O.S. § 31(D), “Any mutual or interinsurance association, stock company, or other insurance company, which is subject to regulation by the Insurance Commissioner, or CompSource Oklahoma, failing to make payments required in this act promptly and correctly, and failing to report payment of the same to the Insurance Commissioner within ten (10) days of payment shall be subject to administrative penalties as allowed by law, including but not limited to a fine in the amount of Five Hundred Dollars (\$500.00) or an amount equal to one percent (1%) of the unpaid amount, whichever is greater, to be paid to the Insurance Commissioner.”

ORDER

IT IS THEREFORE ORDERED that Bedivere Insurance Company is **FINED** Five Hundred Dollars (\$500.00). Fine payment to be submitted to the Department within thirty days

from receipt of this Order.

Respondent is further notified that it may request a hearing within thirty (30) days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112, stating the basis for the hearing. If Respondent does not request a hearing within the thirty (30) days allotted, this Order shall become a **FINAL ORDER** on the 31st day following the receipt of the Order and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 21st day of March, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue ink that reads "Julie Meaders". The signature is written in a cursive style and is positioned above a horizontal line.

Julie Meaders
Deputy General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330

CERTIFICATE OF MAILING

I 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 certified, return receipt requested, on this 21st day of March, 2016, to:

Bedivere Insurance Company
1880 JFK Boulevard
Suite 801
Philadelphia, PA 19103

Certified Mail No.
7015 3010 0001 4604 0105

Copy to: Jeanette Pearce
Financial Specialist
Oklahoma Insurance Department



Julie Meaders

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

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

OFFICIAL USE

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 **Bedivere Insurance Company**
 1880 JFK Blvd., Suite 801
 Philadelphia, PA 19103
 Street and Apt. No., or PO Box # **rlg/16-0230-DIS(JAM)/Cond Adm Ord**
 City, State, ZIP+4® _____



PS Form 3800, April 2015 PSN 7530-02-000-9053

7015 3010 0001 4604 0105

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:

Bedivere Insurance Company
 1880 JFK Blvd., Suite 801
 Philadelphia, PA 19103
 rlg/16-0230-DIS(JAM)/Cond Adm Ord



2. Article Number (Transfer from service label)
7015 3010 0001 4604 0105

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Handwritten Signature]* Agent Addressee

B. Received by (Printed Name) _____

C. Date of Delivery **3-24-16**

RECEIVED - OKLAHOMA INSURANCE DEPARTMENT
 APR 04 2016
 Legal Division

3. Delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
- Adult Signature Priority Mail Express®
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- Certified Mail® Registered Mail Restricted Delivery
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- Insured Mail Signature Confirmation Restricted Delivery (over \$500)
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