

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

MAR 07 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
CINCINNATI CASUALTY COMPANY, a)
licensed insurance company doing business in)
the State of Oklahoma,)
Respondent.)

Case No. 16-0236-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 counsel, Barron B. Brown, 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. §§ 101-7301, and 85A O. S. § 31(D) of the Administrative Workers’ Compensation Act.
2. Respondent Cincinnati Casualty Company (“Respondent”) is a licensed insurance company doing business in the State of Oklahoma holding NAIC number 28665.

FINDINGS OF FACT

1. On or before January 15, 2016, Respondent was required to submit payment of its Workers’ Compensation Multiple Injury Trust Fund Assessment for the quarter ending December 31, 2015, to the Oklahoma Tax Commission (“OTC”). 85A O.S. § 31(A). As of the date of this Order, Respondent has failed to pay this assessment to the OTC.
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.”

3. Accordingly, Respondent’s Workers’ Compensation Multiple Injury Trust Fund Assessment Report (“MITF Report”) for the quarter ending on December 31, 2015 was required to be submitted to the Oklahoma Insurance Department (“OID”) on or before January 25, 2016. As of the date of this Order, Respondent has failed to file the aforementioned MITF Report to the OID.

CONCLUSIONS OF LAW

1. Respondent has violated 85A O.S. § 31(D); by failing to timely submit its MITF Report to the OID.

ORDER

IT IS THEREFORE ORDERED that Respondent is **FINED FIVE HUNDRED DOLLARS (\$500.00)**. **The \$500.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$500.00 civil fine shall be paid by money order or cashier’s check. Failure to pay the civil fine or request a hearing within thirty (30) days may result in further administrative action.

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 Barron Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, 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 7th day of March, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown

Barron B. Brown
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING

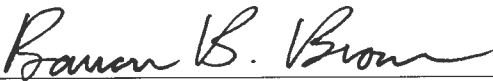
I, Barron B. Brown, hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed by certified mail, with postage prepaid and return receipt requested, on this 7th day of March, 2016, to:

Cincinnati Casualty Company
Attn: Jonathan Tenbrink
6200 S. Gilmore Rd.
Cincinnati, OH 45014-5141

CERTIFIED MAIL NO. 7015 3010 0001 4604 0044

and a copy was delivered to:

Financial Division



Barron B. Brown

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 **RECEIVED**
OKLAHOMA INSURANCE DEPT
John Doak, Commissioner
 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 \$
Financial Division



Total Postage and Fees \$
 Sent To Cincinnati Casualty Company
 ATTN: Jonathan Tenbrink
 Street and Apt. No., or PO Box 6200 S. Gilmore Rd.
 City, State, ZIP+4® Cincinnati, OH 45014-5141
 rlg/16-0236-DIS/Cond. Adm. Ord.

PS Form 3800, April 2015 PSN

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:

Cincinnati Casualty Company
 ATTN: Jonathan Tenbrink
 6200 S. Gilmore Rd.
 Cincinnati, OH 45014-5141
 rlg/16-0236-DIS/Cond. Adm. Ord.



9590 9402 1346 5285 6014 72

2. Article Number (Transfer from service label)

7015 3010 0001 4604 0044

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Donald J. Pusa* Agent Addressee
 B. Received by (Printed Name) **DONALD J. PUSA** C. Date of Delivery **3-10-16**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: No

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt