

**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,	)	
vs.	)	
	)	Case No. 16-0237-DIS
CINCINNATI INDEMNITY 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 counsel, Dan R. Byrd, 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 Indemnity Company ("Respondent") is a licensed insurance company doing business in the State of Oklahoma holding NAIC number 23280.

**FINDINGS OF FACT**

1. 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 file its WC-10 form with the Department that was due by 1/25/2016 and its payment to the Oklahoma Tax Commission as required by 85A O.S. § 31(D) that was due by 1/15/2016.

### CONCLUSIONS OF LAW

1. Respondent has violated 85A O.S. § 31(D) for failing to timely report payment to the Department as required by 85A O.S. § 31(D) and submit the requested documents to the Department.

3. 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 Cincinnati Indemnity Company is **FINED** Five Hundred Dollars (\$500.00) and ordered file its WC-10 with the Department and its payment to the Oklahoma Tax Commission as required by 85A O.S. § 31(D).

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 Dan R. Byrd, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

If Respondent does not request a hearing within the thirty (30) days allotted, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 17<sup>th</sup> day of March, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Dan R. Byrd", is written over a horizontal line.

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

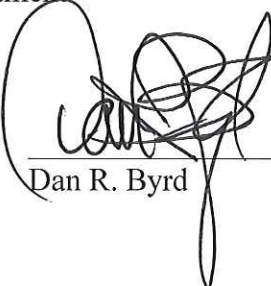
**CERTIFICATE OF MAILING**

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 17<sup>th</sup> day of March, 2016, to:

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

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 9836**

Copy to: Jeanette Pearce  
Financial Specialist  
Oklahoma Insurance Department



\_\_\_\_\_

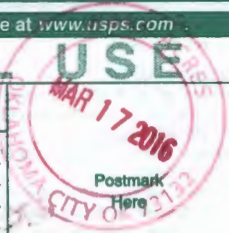
Dan R. Byrd

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Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

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

Postage

\$ \_\_\_\_\_

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

Sent To \_\_\_\_\_

Street and Apt. No., or PO Box \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Cincinnati Indemnity Company  
Attn: Jonathan Tenbrink  
6200 S. Gilmore Rd.  
Cincinnati, OH 75014-5141  
16-0237-DIS/DRB(mt)  
(Cond. Adm. Ord & Notice ~ 3-17-16)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

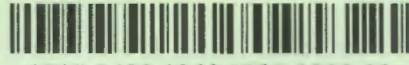
7015 0640 0002 7406 9836

**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 Indemnity Company  
Attn: Jonathan Tenbrink  
6200 S. Gilmore Rd.  
Cincinnati, OH 75014-5141  
16-0237-DIS/DRB(mt)  
(Cond. Adm. Ord & Notice ~ 3-17-16)



9590 9402 1346 5285 6020 66

2. Article Number (Transfer from service label)

7015 0640 0002 7406 9836

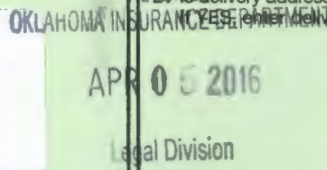
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Ricky Jones*  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery 3/28/16

D. Is delivery address different from item 1?  Yes  
 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)