

**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. 16-0241-DIS
NATIONAL BUILDERS 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 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 National Builders Insurance Company ("Respondent") is a licensed insurance company doing business in the State of Oklahoma holding NAIC number 16632.

**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 filed its WC-10 form late to the Department on 2/8/2016 rather than by 1/25/2016 and its payment to the Oklahoma Tax Commission as required by 85A O.S. § 31(D) was made late on 2/8/2016 rather than 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 National Builders Insurance Company is **FINED** Five Hundred Dollars (\$500.00).

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. The signature is stylized and somewhat illegible.

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

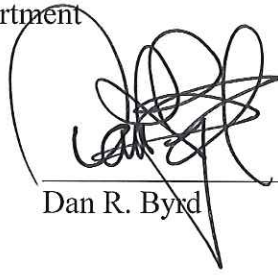
**CERTIFICATE OF MAILING**

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:

National Builders Insurance Company  
Attn: Renee Palin  
2410 Paces Ferry Rd., Ste. 300  
Atlanta, GA 30339-1802

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 9959**

Copy to: Jeanette Pearce  
Financial Specialist  
Oklahoma Insurance Department



A handwritten signature in black ink, appearing to read 'Dan R. Byrd', is written over a horizontal line. The signature is stylized and somewhat illegible.

Dan R. Byrd

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

For delivery information, visit our website at [www.usps.com](http://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 \$ \_\_\_\_\_

National Builders Insurance Company  
 Attn: Renee Palin  
 2410 Paces Ferry Rd., Ste. 300  
 Atlanta, GA 30339-1802  
**16-0241-DIS/DRB(mt)**  
**(Cond.Adm.Ord & Notice ~ 3-17-16)**

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

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

City, State, ZIP+4® \_\_\_\_\_

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:

National Builders Insurance Company  
 Attn: Renee Palin  
 2410 Paces Ferry Rd., Ste. 300  
 Atlanta, GA 30339-1802  
**16-0241-DIS/DRB(mt)**  
**(Cond.Adm.Ord & Notice ~ 3-17-16)**



9590 9402 1346 5285 6021 89

2. Article Number (Transfer from service label)

7015 0640 0002 7406 9959

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *Renee Palin*

B. Received by (Printed Name) *Renee Palin*

C. Date of Delivery *3/21/16*

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below: \_\_\_\_\_

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT

MAR 23 2016

Legal Division

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  Signature Confirmation Restricted Delivery (over \$500)

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7015 0640 0002 7406 9959