

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

FILED

MAY 11 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
vs.)
)
CORPORATE PHARMACY SERVICES, INC.,)
a licensed pharmacy benefits manager doing)
business in the State of Oklahoma,)

Case No. 16-0412-DIS

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. §§ 101-7301, and 59 O. S. §§ 357 et seq. Pharmacy Benefit Plans and O.A.C. 365:25-29-1 et seq. Pharmacy Benefits Managers.

2. Respondent Corporate Pharmacy Services, Inc., (“Respondent”) is a licensed pharmacy benefits manager doing business in the State of Oklahoma holding license number 864767. Its address of record with the Department is 319 Broad Street, Gadsden, Alabama 35901-3715.

FINDINGS OF FACT

1. Before March 1 of each year, every PBM providing pharmacy benefits management shall submit to the Insurance Commissioner a report of its financial condition

verified by the oath of an executive officer. The report shall be prepared using generally accepted accounting principles and consist of a balance sheet, income statement, and statement of cash flows. The report may be supplemented by any additional information required by the Insurance Commissioner. O.A.C. 365:25-29-8.

2. The Oklahoma Insurance Department (the “Department”) sent an email to all licensed PBMs on February 11, 2016, instructing where and how to file the report of financial condition. Thereafter, on March 9, 2016, the Department sent an email to all PBM companies who failed to timely file the report of financial condition by March 1 extending the due date for fifteen (15) days.

3. As of the date of this Order, Respondent has failed to file its report of financial condition with the Department as required by O.A.C. 365:25-29-8 nor has it responded with a request for extension of this mandated requirement.

CONCLUSIONS OF LAW

1. Respondent has violated O.A.C. 365:25-29-8 for failing to file its report of financial condition with the Department by March 1.

ORDER

IT IS THEREFORE ORDERED that Corporate Pharmacy Services, Inc. is **FINED** in the amount of Five Hundred Dollars (\$500.00) for failing to file its report of financial condition with the Department by March 1.

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, Deputy General Counsel, Oklahoma Insurance

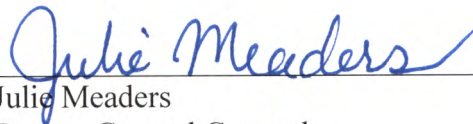
Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. If Respondent does not request a hearing within the thirty (30) days allotted, this Order shall become a **FINAL ORDER** on the 31st day following receipt of the Order and the fine ordered shall be due.

The Department may suspend, revoke or refuse to issue or renew a license for nonpayment of a renewal fee or fine. 59 O.S. § 358(D).

WITNESS My Hand and Official Seal this 11 day of May, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



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 11 day of May 2016, to:

Corporate Pharmacy Services, Inc.
319 Broad Street
Gadsden, AL 35901-3715

Certified Mail No.
7015 3010 0001 4604 0310

Copy to: DeAnn Robinson, APIR
Financial Division
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: Corporate Pharmacy Services, Inc.
 319 Broad St.
 Gadsden, AL 35901-3715
 rlg/16-0412-DIS(JAM)/Cond Adm Ord

Street and Apt. No., or PO Box # _____
 City, State, ZIP+4® _____

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:

Corporate Pharmacy Services, Inc.
 319 Broad St.
 Gadsden, AL 35901-3715
 rlg/16-0412-DIS(JAM)/Cond Adm Ord



2. Article Number (Transfer from service label)

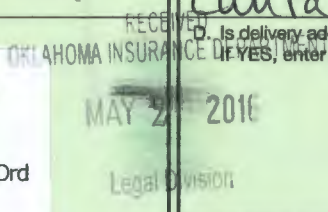
7015 3010 0001 4604 0310

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Laura Beard Agent
 Addressee

B. Received by (Printed Name) *Laura Beard* C. Date of Delivery _____

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 Signature Confirmation Restricted Delivery (over \$500)