

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

FILED

JUL 19 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,
Petitioner,
v.
CIGNA BEHAVIORAL HEALTH, INC.,
a nonresident third party
administrator,
Respondent.

Case No. 16-0664-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 his undersigned attorney, and alleges and states as follows:

JURISDICTION

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq.

2. Cigna Behavioral Health, Inc. is an unlicensed nonresident third party administrator holding license number 12083. Its mailing address is Regulatory Service Inquiry 521, P.O. Box 188016, Chattanooga, TN 37422. Its business address is 11095 Viking Drive, Suite 350, Eden Prairie, MN 55344.

3. No person shall act as or present himself or herself to be an administrator, as defined by the provisions of the Third Party Administrator Act, in this state, unless the person holds a valid license as an Administrator which is issued by the Insurance Commissioner. 36 O.S § 1450(A).

ALLEGATIONS OF FACT

1. Respondent's Third Party Administrator's license lapsed on November 30, 2014.
2. Respondent submitted a renewal application for a Third Party Administrator's license to the Oklahoma Insurance Department on June 1, 2016.
3. Respondent was unlicensed from December 1, 2014 to the present date.
4. No person shall act as or present himself or herself to be an administrator, as defined by the provisions of the Third Party Administrator Act, in this state, unless the person holds a valid license as an Administrator which is issued by the Insurance Commissioner. 36 O.S § 1450(A).

ALLEGED VIOLATIONS OF LAW

1. Any person who is acting as or presenting himself or herself to be an administrator without a valid license shall be subject, upon conviction, to a fine of not less than One Thousand Dollars (\$1,000.00) nor more than Ten Thousand Dollars (\$10,000.00) for each occurrence.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Cigna Behavioral Health, Inc. is **CENSURED AND FINED ONE THOUSAND DOLLARS (\$1,000.00)** in failing to renew its license on or before December 1, 2014. **The \$1,000.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. License will be renewed upon payment of the fine.

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 Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Street, 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 19th day of July 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 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112
Telephone: (405) 521-2746

CERTIFICATE OF MAILING

I, Julie Meaders, 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 19th day of July, 2016 to:

Regulatory Service Inquiry 521
P.O. Box 188016
Chattanooga, TN 37422


Certified Mail No.
7015 3010 0001 4736 9939

Cigna Behavioral Health, Inc.
11095 Viking Drive
Suite 350
Eden Prairie, MN 55344

Certified Mail No.
7015 3010 0001 4736 9946

CERTIFIED MAIL NO:
and a copy was delivered to:

DeAnn Robinson/Financial Division



Julie Meaders
Deputy General Counsel

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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 _____ Regulatory Service Inquiry 521
P.O. Box 188016
Street and Apt. No., or P.O. Box # Chattanooga, TN 37422
City, State, ZIP+4® rtg/16-0664-DIS(JAM)/Cond Adm Ord

PS Form 3800, April 2015 PSN

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent X <u>Brandon Jones</u> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Regulatory Service Inquiry 521 P.O. Box 188016 Chattanooga, TN 37422 rtg/16-0664-DIS(JAM)/Cond Adm Ord</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT JUL 29 2016</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 3010 0001 4736 9939</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 1900 6104 3897 40</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____


Total Postage and Fees
 \$ _____



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 11095 Viking Dr., Suite 350
 Street and Apt. No., or PO Box: Eden Prairie, MN 55344
 City, State, ZIP+4®: rlg/16-0664-DIS(JAM)/Cond Adm Ord

PS Form 3800, April 2015 PSN

7510 3010 0001 4736 9946

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<p>1. Article Addressed to:</p> <p>Cigna Behavioral Health, Inc. 11095 Viking Dr., Suite 350 Eden Prairie, MN 55344 rlg/16-0664-DIS(JAM)/Cond Adm Ord</p>  <p>9590 9402 1900 6104 3897 57</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>OKLAHOMA INSURANCE DEPARTMENT JUL 26 2016</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 3010 0001 4736 9946</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
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