

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

FILED

NOV 18 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)
)
)
 Petitioner,)
)
)
 v.)
)
 HEALTH PLAN INTERMEDIARIES)
 HOLDINGS LLC, an applicant for renewal of)
 its nonresident third-party administrator license)
 in the State of Oklahoma,)
 Respondent.)

Case No. 16-1026-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, Barron B. Brown, and alleges and states as follows:

JURISDICTION

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma (“the Commissioner”) and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., including the Third-Party Administrator Act, 36 O.S. §§ 1441 through 1452.

2. Health Plan Intermediaries Holdings LLC (“Respondent”) was previously licensed by the State of Oklahoma as a nonresident third-party administrator holding license number 864762. Its mailing address of record is 218 E. Bearss Ave., #325, Tampa, Florida 33613.

3. Pursuant to 36 O.S. § 1450(G), “[after] notice and opportunity for hearing, and upon determining that the administrator has violated any of the provisions of the Oklahoma Insurance Code or upon finding reasons for which the issuance or nonrenewal of such license

could have been denied, the Commissioner may either suspend or revoke an administrator's license or assess a civil penalty of not more than Five Thousand Dollars (\$5,000.00) for each occurrence. The payment of the penalty may be enforced in the same manner as civil judgments may be enforced.”

ALLEGATIONS OF FACT

1. An Oklahoma third-party administrator license “. . . shall continue in force no longer than twelve (12) months from the original month of issuance.” 36 O.S. § 1450(E).
2. Respondent’s 2015 third-party administrator license expired on or about April 30, 2016. On or about August 15, 2016, Respondent untimely submitted its renewal application with the Oklahoma Insurance Department (“OID”).

ALLEGED VIOLATIONS OF LAW

1. Respondent has violated 36 O.S. § 1450(E); by failing to timely renew its third-party administrator license with the OID.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that **RESPONDENT** is **FINED FIVE HUNDRED DOLLARS (\$500.00)** for a violation of 36 O.S. § 1450(E). **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. Respondent’s application for renewal of its nonresident third-party administrator license may be granted upon receipt of payment of the fine and reporting of the administrative action. Failure to pay the civil fine or request a hearing within thirty (30) days will result in your license application being withdrawn.

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 B. Brown, 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 18th day of November, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Barron B. Brown". The signature is written in a cursive style and is positioned above a horizontal line.

Barron B. Brown
Assistant General Counsel
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112
(405) 521-2746

CERTIFICATE OF MAILING

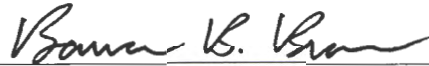
I, Barron B. Brown, hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to be Heard* was mailed by certified mail, with postage prepaid and return receipt requested, on this 18th day of November, 2016, to:

Health Plan Intermediaries Holdings LLC
218 E. Bearss Ave., #325
Tampa, FL 33613

CERTIFIED MAIL NO: 7016 0910 0000 5833 5909

and a copy was delivered to:

Financial Division



Barron B. Brown
Assistant General Counsel

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

Health Plan Intermediaries Holdings LLC
 218 E. Bearss Ave., #325
 Tampa, FL 33613
 rlg/16-1026-DIS(BBB)/Cond Adm Ord

Street and Apt. No., or PO Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9053

7016 0910 0000 5833 5909

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:

Health Plan Intermediaries Holdings LLC
 218 E. Bearss Ave., #325
 Tampa, FL 33613
 rlg/16-1026-DIS(BBB)/Cond Adm Ord

9590 9402 1736 6074 9349 23

2. Article Number (Transfer from service label)

7016 0910 0000 5833 5909

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) *Vayolk* C. Date of Delivery

D. Is delivery address different from item 1? Yes
 No
 Yes, enter delivery address below:

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
NOV 29 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

Insured Mail Restricted Delivery (over \$500)

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