

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
FEB 02 2018
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
PRIZM ADMINISTRATIVE SOLUTIONS,)
INC., a service warranty association,)
)
Respondent.)

Case No. 17-0822-DIS

FINAL ADMINISTRATIVE ORDER

COMES NOW the State of Oklahoma, ex rel. John Doak, Insurance Commissioner, by and through his attorney, Sara A. Worten, and alleges and states as follows:

JURISDICTION AND AUTHORITY

1. John Doak is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Service Warranty Act, 15 O.S. 141.1 et seq.

2. Respondent Prizm Administrative Solutions, Inc. ("Respondent") is a nonresident service warranty association previously holding Oklahoma license number 861319 which was updated to license number 44198032. Respondent's address of record is 14755 North Outer Forty, Suite 400, St. Louis, Missouri.

3. The Insurance Commissioner may immediately suspended the license of any service warranty association if the Commissioner finds that the association is insolvent or impaired; the reserve account required by the Service Warranty Act is not being maintained; a proceeding for receivership, conservatorship rehabilitation or any

other delinquency proceeding regarding the association has been commenced in any state; or the financial condition or business practices of the association otherwise pose an imminent threat to the public health, safety, or welfare of the residents of this state. *15 O.S. 141.9(C)(1)*.

4. If the Insurance Commissioner finds that the public health, safety or welfare imperatively requires emergency action, and incorporates a finding to the effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. *75 O.S. §§ 314(C)(2), 314,1, OAC 365:1-7-9(a)*.

FINDINGS OF FACT

1. Respondent Prizm Administrative Solutions, Inc. (“Respondent”) is a nonresident service warranty association previously holding Oklahoma license number 861319 which was updated to license number 44198032. Respondent’s address of record is 14755 North Outer Forty, Suite 400, St. Louis, Missouri.

2. On or about April 25, 2017, Respondent submitted its annual financial statement.

3. The statement was not signed or verified as required by *15 O.S. § 141.7* and shows the Respondent to be insolvent. *See Exhibit 1, 2016 Prizm Annual Statement.*

4. The Advantage Warranty Corporation (“TAWC”), Administrator for Respondent and affiliated with Protective Property & Casualty Insurance Company and Protective Asset Protection, has confirmed it will continue to administer all in force contracts in Oklahoma. In addition, TAWC confirms all Contractual Liability Insurance Policies in which Protective Property & Casualty Insurance Company issued to

Respondent will continue in full force and effect until all of Respondent's service contracts have expired. See Exhibit 2, Email from Protective Asset Protection.

CONCLUSIONS VIOLATIONS OF LAW


1. The Respondent is insolvent or impaired in violation of *15 O.S. § 141.5*.
2. Respondent submitted an Annual Statement missing required signatures and verification in violation of *15 O.S § 141.7*.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, that the **Administrative Order of Suspension Instante** entered in the matter on December 14, 2017 is a **FINAL ADMINISTRATIVE ORDER**, that no hearing was requested, and Respondent's license is hereby **REVOKED**.

WITNESS My Hand and Official Seal this 31st day of January, 2018.





JAMES A. MILLS
Chief of Staff
Oklahoma Insurance Department
Five Corporate Plaza
3625 NW 56th St., Suite 100
Oklahoma City, OK 73112-4511

CERTIFICATE OF MAILING

I, Sara A. Worten, hereby certify that a true and correct copy of the above and foregoing Final Administrative Order was mailed by certified mail, with postage prepaid and return receipt requested, on this ~~2nd~~ day of ~~January~~, 2018, to:
February

Prizm Administrative Solutions, Inc.
14755 North Outer Forty, Suite 400
St. Louis, MO 63017-6050

CERTIFIED MAIL NO. 7016 2140 0000 3555 3596

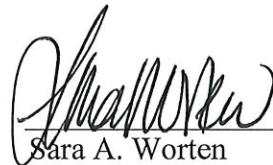
Prizm Administrative Solutions, Inc.
1828 Ballybunion Drive
Duluth, GA 30097-2081

CERTIFIED MAIL NO 7016 2140 0000 3555 3602

and a copy was delivered to:

Nona Schroeder
Protective Asset Protection
Nona.schroeder@protective.com

Stephanie Stewart
RIS Division



Sara A. Worten
Assistant General Counsel

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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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 Prizm Administrative Solutions, Inc.
 14755 North Outer Forty, Suite 400
 St. Louis, MO 63017-6050
 17-0822-DIS/SAW(mt)
 (Fin. Adm. Ord. ~2-02-18)

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

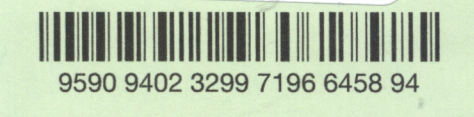
9596 2140 0000 3555 3596

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:

Prizm Administrative Solutions, Inc.
 14755 North Outer Forty, Suite 400
 St. Louis, MO 63017-6050
 17-0822-DIS/SAW(mt)
 (Fin. Adm. Ord. ~2-02-18)



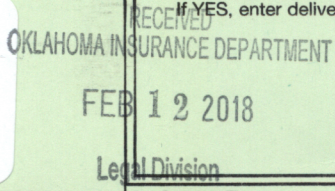
2. Article Number (Transfer from service label)
 7016 2140 0000 3555 3596

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *2/5*

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



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)

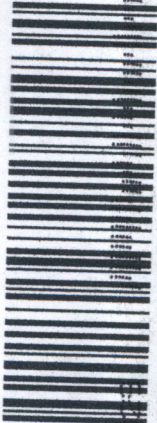
Insured Mail Restricted Delivery (over \$500)

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



JOHN D. POAK
Insurance Commissioner
 Oklahoma Insurance Department
 5 Corporate Plaza
 3625 N.W. 56th St., Ste. #100
 Oklahoma City, OK 73112-4511

CERTIFIED MAIL



7016 2140 0000 3555 3602

020 6159821162

NEOPOST

FIRST-CLASS MAIL

02/02/2018

US POSTAGE \$007.41



ZIP 73112
 041M11276941

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

MAR 12 2018

MAILROOM

7016 2140 0000 3555 3602

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

City, State, ZIP+4[®]
 Street and Apt. No., or PO Box
 Sent To
 \$ Total Postage and Fees
 \$ Postage
 Adult Signature Required
 Adult Signature Restricted Delivery
 Certified Mail Restricted Delivery
 Return Receipt (electronic)
 Return Receipt (hardcopy)
 Extra Services & Fees (check box, add fee as appropriate)
 Certified Mail Fee
 For delivery information, visit our website at www.usps.com
OFFICIAL USE
 U.S. Postal Service[™]
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 Domestic Mail Only



Prizm Administrative Solutions, Inc.
 1828 Ballybunion Drive
 Duluth, GA 30097-2081
 (Fin. Adm. Ord. ~2-02-18)

9314190519700166

Handwritten: 7618

Prizm Administrative Solutions, Inc.
 1828 Ballybunion Drive
 Duluth, GA 30097-2081

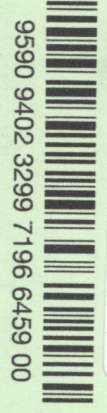
NIXIE 300 DE 1 0002/27/18
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 73112451999 *2191-00403-27-41
 73112451999

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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. Recipient Name and Address
 Pizam Administrative Solutions, Inc.
 1850 Dalrymple Drive
 Duluth, GA 30097-2081
 17-0822-DIS(SAW/mt)
 (E-mail: ord.~202-18)



9590 9402 3299 7196 6459 00

2. Article Number (Transfer from service label)
7036 2140 0000 3555 3602

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X
 Agent
 Addressee

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

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 MAR 13 2018

3. Service type
- Adult Signature Restricted Delivery
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt