

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

FILED
MAR 14 2018
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
vs.)
)
ACSTAR INSURANCE COMPANY,)
an insurance company licensed in the state of)
Oklahoma,)
)
Respondent.)
)

CASE NO. 18-0095-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 counsel, Sara A. Worten, 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. §§ 101-7401*.

2. Respondent Acstar Insurance Company (“Respondent”) is a property and casualty insurer licensed in the State of Oklahoma holding Certificate of Authority number 4337.

3. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to and *36 O.S. § 619*.

4. Pursuant to *36 O.S. § 619*, the Insurance Commissioner, in addition to or in lieu of any applicable revocation or suspension of an insurer’s certificate of authority, can assess a civil penalty of not more than Five thousand Dollars (\$5,000.00) for each violation of the Oklahoma Insurance Code *36 O.S. §§ 101 et seq.*

ALLEGATIONS OF FACT

5. Pursuant to 36 O.S. § 362, an annual fee of \$750.00 shall be paid to the Insurance Commissioner on or before July 1 of each year for the purpose of investigating suspected insurance fraud and civil or administrative actions in cases involving suspected insurance fraud (the "Anti-Fraud Assessment").

6. To date the Department has not received the 2017 Anti-Fraud Assessment from Respondent.

CONCLUSIONS OF LAW

7. Respondent has violated 36 O.S. § 362 by failing to pay the Anti-Fraud Assessment by July 1, 2017.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is **FINED \$1,500.00**. The \$1,500.00 fine is to be paid within 30 days of receipt of this Order made payable to the Oklahoma Insurance Department. The \$1,500.00 civil fine shall be paid by money order or cashier's check.

IT IS FURTHER ORDERED by the Insurance Commissioner that Respondent shall remit full payment of its owed 2017 Anti-Fraud Assessment in the amount **\$750.00** to the Oklahoma Insurance Department within 30 days of receipt of this Order.

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 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 Sara A. Worten, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, 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 Oklahoma Insurance Code, *36 O.S. §§ 101 et seq.*, and the Oklahoma Administrative Procedures Act, *75 O.S. §§ 205-323*. 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 14th day of March, 2018.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Sara A. Worten".

Sara A. Worten
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
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 by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 14th day of March 2018, to:


Acstar Insurance Company
30 South Road
Farmington, CT 06032

CERTIFIED MAIL NO. 9214 8902 0982 7500 0062 15

AND

Acstar Insurance Company
303 W. Madison
Suite 200
Chicago, IL 60606

CERTIFIED MAIL NO. 9214 8902 0982 7500 0062 22



Sara A. Worten
Assistant General Counsel

Date Produced: 03/26/2018

OKLAHOMA INSURANCE DEPARTMENT:

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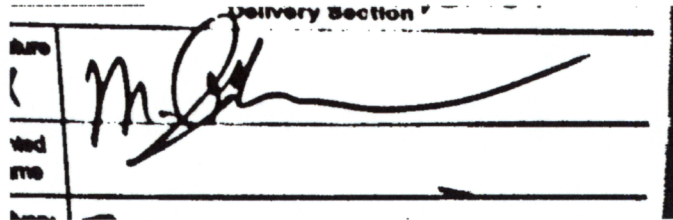
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Date Produced: 03/26/2018

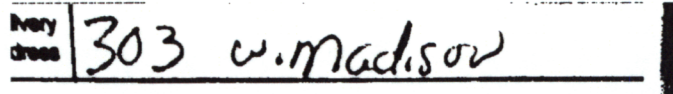
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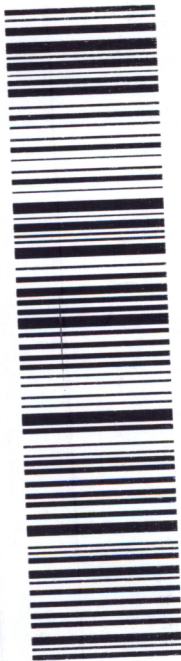
Customer Reference Number: C736420.4435315



JOHN D. DOAK
Insurance Commissioner
 Oklahoma Insurance Department
 5 Corporate Plaza
 3625 NW 56th Street, Suite 100
 Oklahoma City, OK 73112-4511

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MAR 30 2018
 Legal Division