



### 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 56<sup>th</sup> 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the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.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 14<sup>th</sup> day of March, 2018.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Sara A. Worten", written over a horizontal line.

Sara A. Worten  
Assistant General Counsel  
3625 NW 56<sup>th</sup> 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 14<sup>th</sup> day of March 2018, to:

Direct General Life Insurance Company  
911 Chestnut Street  
Orangeburg, SC 97705

**CERTIFIED MAIL NO.**

9214 8902 0982 7500 0062 39

  
Sara A. Worten  
Assistant General Counsel

Date Produced: 03/19/2018

OKLAHOMA INSURANCE DEPARTMENT:

The following is the delivery information for Certified Mail™/RRE item number 9214 8902 0982 7500 0062 39. Our records indicate that this item was delivered on 03/17/2018 at 12:56 p.m. in ORANGEBURG, SC 29115. The scanned image of the recipient information is provided below.

Signature of Recipient :

9/11 Chestnut St  
Oranburg SC 29115

Address of Recipient :

AG 4/17

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local post office or Postal Service representative.

Sincerely,  
United States Postal Service

The customer reference number shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

Customer Reference Number: C736420.4435316