BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

	Ш	-	
li .	U U	-	

		A Property and a second
STATE OF OKLAHOMA ex rel.)	ADD 0.4 0040
JOHN D. DOAK, Insurance Commissioner,)	APR 04 2018
)	INSURANCE COMMISSIONER
Petitioner,)	OKLAHOMA
)	
v.)	
)	Case No. 18-0104-DIS
)	
ENTERPRISE LIFE INSURANCE COMPAN	Y,)	
a licensed insurer in the State of Oklahoma,)	
)	
Respondent.)	

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 attorney and alleges and states as follows:

JURISDICTION AND AUTHORITY

- John D. Doak is the Insurance Commissioner of the State of Oklahoma and, as 1. such, is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq.
- 2. Enterprise Life Insurance Company ("Respondent") is a licensed foreign life insurer in the State of Oklahoma holding Certificate of Authority number 2559 (NAIC CoCode 89087).
- 3. On or before July 1 of each year, "[an] annual fee of Seven Hundred Fifty Dollars (\$750.00) shall be paid to the Insurance Commissioner to be expended by the Insurance Commissioner for the purpose of investigation of suspected insurance fraud and civil or administrative action in cases involving suspected insurance fraud." 36 O.S. § 362. This fee (the "Anti-Fraud Assessment fee") is required to be paid by each of following: "Life, accident and

health insurers; property and casualty insurers; county mutual fire insurers; mutual benefit associations; fraternal benefit societies; reciprocal insurers; motor service clubs; title insurers; nonprofit insurers; health maintenance organizations (HMOs); service warranty associations; surplus lines carriers; multiple employer welfare arrangements (MEWAs); trusts which write surety policies; prepaid dental plan organizations; and accredited reinsurers."

4. Pursuant to 36 O.S. § 619(A)(1) and (B), any insurance company violating any provision of any statute for which the Commissioner has jurisdiction may be subject to a civil penalty of not more than Five Thousand Dollars (\$5,000.00) for each occurrence.

ALLEGATIONS OF FACT

- 1. As a licensed life insurer in the State of Oklahoma, Respondent is required to pay an annual \$750.00 Anti-Fraud Assessment fee to the Oklahoma Insurance Department ("OID"). 36 O.S. § 362.
- 2. Based on OID records, Respondent failed to pay its 2017 Anti-Fraud Assessment fee on or before July 1, 2017.
- 3. On September 29, 2017, the OID's Legal Division sent Respondent a letter notifying it of the failure to pay the Anti-Fraud Assessment fee and requiring payment to be made no later than November 15, 2017 The letter was received by the Company on October 3, 2017.
- 4. As of the date of this Order, Respondent has failed to remit its \$750.00 payment for its 2017 Anti-Fraud Assessment fee to the OID.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 362 by failing to pay its 2017 Anti-Fraud Assessment fee on or before July 1, 2017.

2. Pursuant to 36 O.S. § 619(A)(1) and (B), any insurance company violating any provision of any statute for which the Commissioner has jurisdiction may be subject to a civil penalty of not more than Five Thousand Dollars (\$5,000.00) for each occurrence.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is FINED ONE THOUSAND FIVE HUNDRED DOLLARS (\$1,500.00). The \$1,500.00 fine is to be paid within thirty (30) days made payable to the Oklahoma Insurance Department.

IT IS FURTHER ORDERED by the Insurance Commissioner that Respondent shall remit full payment of the owed 2017 Anti-Fraud Assessment fee in the amount of SEVEN HUNDRED FIFTY DOLLARS (\$750.00) to the Oklahoma Insurance Department within thirty (30) days.

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 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. §§ 308a et seq.). 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 4th day of April 2018.

JOHN D. DOAK INSURANCE COMMISSIONER STATE OF OKLAHOMA

die Meaders

Julie Meaders
Deputy General Counsel Oklahoma Insurance Department 3625 NW 56th St., Suite 100 Oklahoma City, OK 73112 (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 day of April 2018, to:

Enterprise Life Insurance Company 122 W. Carpenter Fwy Irving, TX 76102

Certified Mail Number 9214 8902 0982 7500 0070 14

and that a copy was delivered to:

Comptroller Division

Julif Meaders

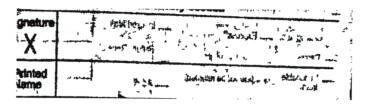


Date Produced: 04/09/2018

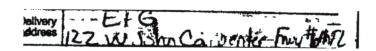
OKLAHOMA INSURANCE DEPARTMENT:

The following is the delivery information for Certified Mail™/RRE item number 9214 8902 0982 7500 0070 14. Our records indicate that this item was delivered on 04/06/2018 at 11:17 a.m. in IRVING, TX 75039. The scanned image of the recipient information is provided below.

Signature of Recipient:



Address of Recipient:



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: C763465.4578036