

**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. )  
 )  
 )  
**FRESENIUS HEALTH PLANS INSURANCE )**  
**COMPANY, )**  
an insurance company licensed in the state of )  
Oklahoma, )  
 )  
 )  
Respondent. )

CASE NO. 18-0106-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 Fresenius Health Plans Insurance Company (“Respondent”) is a life insurer licensed in the State of Oklahoma holding Certificate of Authority number 7110.

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, 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 its 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. §§ 202-323. 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:

Fresenius Health Plans Insurance Company  
1320 City Center Drive  
Suite 250  
Carmel, IN 46032

**CERTIFIED MAIL NO.** 9214 8902 0982 7500 0062 46

  
\_\_\_\_\_  
Sara A. Worten  
Assistant General Counsel



Date Produced: 03/26/2018

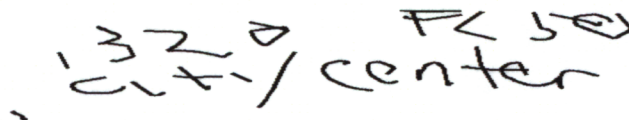
OKLAHOMA INSURANCE DEPARTMENT:

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