

**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. )  
 )  
**IRONSHORE INSURANCE LTD.,** )  
a surplus lines carrier, )  
 )  
Respondent. )  
 )  
 )

CASE NO. 18-0110-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 Ironshore Insurance Limited (“Respondent”) is a surplus lines insurer licensed in the State of Oklahoma registration number AA-3190917.
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 can assess a civil penalty of not more than Five thousand Dollars (\$5,000.00) against any insurer 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 its Anti-Fraud Assessment as a surplus line carrier 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 13<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.

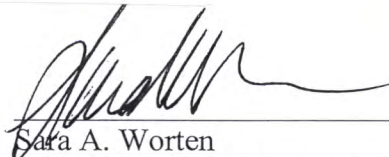
Sara A. Worten  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 522-0125

**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 registered mail, with postage prepaid and return receipt requested, on this 13<sup>th</sup> day of March 2018, to:

Ironshore Insurance Ltd.  
12 Church Street  
Suite 608, HM 19  
Hamilton 99999 Belgium

**CERTIFIED MAIL NO.  
RE 939 672 041 US**



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Sara A. Worten  
Assistant General Counsel



Registered No. **RE 939 672 041**

Date Stamp



To Be Completed By Post Office	Postage \$	Extra Services & Fees (continued)
	Extra Services & Fees	<input type="checkbox"/> Signature Confirmation \$
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<input type="checkbox"/> Restricted Delivery \$	Total Postage & Fees \$ <b>21.05</b>	
Customer Must Declare Full Value \$	Received by <b>UB</b>	Domestic Insurance up to \$50,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).

### OFFICIAL USE

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	<b>FROM</b>	Oklahoma Insurance Department 3625 NW 56TH Street, Suite 100 Oklahoma City, OK 73112 <i>Legal Division</i>
	<b>TO</b>	Ironshore Insurance, Ltd. 12 Church Street Suite 608, HM 19 Hamilton 99999 Belgium 18-0110-DIS/SAW(mt) Cond. Adm. Ord. & Notice ~3-14-18

PS Form **3806, Registered Mail Receipt** Copy 1 - Customer  
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	Signature of Addressee (Signature du destinataire)		