

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." Ibid.

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

5. As a licensed life, accident and health insurer in the State of Oklahoma, Respondent is required to pay an Anti-Fraud Assessment fee to the Oklahoma Insurance Department ("OID"). 36 O.S. § 362.

6. Based upon OID records, Respondent failed to pay its 2017 Anti-Fraud Assessment fee on or before July 1, 2017.

7. 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.

8. As of the date of this Order, Respondent has failed to remit payment of its 2017 Anti-Fraud Assessment fee to the OID.

ALLEGED VIOLATIONS OF LAW

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

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 civil fine is to be paid within thirty (30) days 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 fee in the amount of **SEVEN HUNDRED FIFTY DOLLARS (\$750.00)** to the Oklahoma Insurance Department within thirty (30) days 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 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 Sandra G. LaVenué, 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 3rd day of April, 2018.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Sandra G. LaVene
Senior Counsel
Oklahoma Insurance Department
3625 NW 56th St., Suite 100
Oklahoma City, OK 73112
(405) 521-2746

CERTIFICATE OF MAILING

I, Sandra G. LaVenue, 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 3rd day of April, 2018, to:

William Penn Life Insurance Company of New York
70 Sunrise Hwy, STE 500
Valley Stream, NY 11581
and that a copy was delivered to:

Certified Mail Number
9214 8902 0982 7500 0068 33

Comptroller Division



Sandra G. LaVenue
Senior Counsel



Date Produced: 04/16/2018

OKLAHOMA INSURANCE DEPARTMENT:

The following is the delivery information for Certified Mail™/RRE item number 9214 8902 0982 7500 0068 33. Our records indicate that this item was delivered on 04/09/2018 at 04:24 p.m. in VALLEY STREAM, NY 11580. The scanned image of the recipient information is provided below.

Signature of Recipient :

A handwritten signature in black ink that reads "Victor Jensen". The signature is written in a cursive style.

Address of Recipient :

A handwritten address in black ink that reads "70 EAST SNLISLEY S VALLEES". The handwriting is somewhat messy and appears to be a scan of a physical document.

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.

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