

**BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA**

**FILED**  
NOV 28 2018  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
 )  
Petitioner, )  
 )  
vs. )  
 )  
ASURE CARE CORP, an Oklahoma licensed )  
security warranty company, )  
 )  
 )  
Respondent. )  
 )

Case No. 18-0764-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, Teresa L. Green, 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 et seq.*, including Oklahoma Producer Licensing Act, *36 O.S. §§ 1435.1 et seq.*

2. Respondent Asure Care Corp (“Respondent”) is a licensed service warranty association in the State of Oklahoma, license number 2404.

3. Pursuant to *36 O.S. § 619(A)(1) and (B)*, any insurer 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. Based upon the Oklahoma Insurance Department (“OID”) records, Respondent

failed to pay its 2018 Anti-Fraud Assessment fee on or before July 1, 2018.

6. On or about August 14, 2018, the OID's Legal Division sent Respondent a letter notifying it of the failure to pay the Anti-Fraud Assessment fee. The same was returned to OID on or about August 27, 2018 marked "NOT DELIVERABLE AS ADDRESSED."

7. On or about August 27, 2018, the OID's Legal Division located a different mailing address on the National Association of Insurance Commissioners Oklahoma State Based System and the same correspondence was mailed to Respondent via certified mail.

8. On or about August 29, 2018, the final mailing was received by Respondent.

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

10. 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." Id.

#### **ALLEGED VIOLATION OF LAW**

11. Respondent violated 36 O.S. § 362 by failing to pay its 2018 Anti-Fraud Assessment fee on or before July 1, 2018.

**ORDER**

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that Respondent is **FINED SEVEN HUNDRED FIFTY DOLLARS (\$750.00)**. The \$750.00 civil fine is to be paid within thirty (30) days of this Order made payable to the Oklahoma Insurance Department. The \$750.00 civil fine shall be paid by money order or cashier's check.

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that Respondent shall remit full payment of its owed 2018 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 Teresa L. Green, 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. §§ 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 20<sup>th</sup> day of November, 2018.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in blue ink, appearing to read "Teresa L. Green", written over a horizontal line.

Teresa L. Green, OBA #32897  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, OK 73112  
Telephone: (405) 521-4063  
Facsimile: (405) 522-0125

**CERTIFICATE OF MAILING**

I, Teresa L. Green, 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 28<sup>th</sup> day of November, 2018, to:

Asure Care Corp  
5451 San Felipe, Suite 500  
Houston, TX 77056

**CERTIFIED MAIL NO.  
7015 0640 0004 9918 0866**

and that a copy was delivered to:



Teresa L. Green



**JOE**  
**INSURANCE**

Oklahoma Insurance Dep  
5 Corporate Plaza  
3625 N.W. 56th St., Ste. #100  
Oklahoma City, OK 73112

7015 0640 0004 991A 0856



CERTIFIED MAIL

NEOPOST

11/30/2018

US POSTAGE

\$007.41

FIRST-CLASS MAIL



ZIP 73112  
041M11276941

7015 0640 0004 991A 0856

PS Form 3800, April 2015 PSN 7590-02-000-9047 See Reverse for Instructions

City, State, ZIP+4®  
18-0764-DIS/SAW(mt)  
Houston, TX 77056

Street and Apt. No., or PO Box No.  
5451 San Felipe, Suite 500  
Asure Care Corp.

Sent To

Total Postage and Fees \$

Postage \$

Extra Services & Fees (check box, add fee as appropriate) \$

Adult Signature Required

Adult Signature Restricted Delivery

Certified Mail Restricted Delivery

Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Mail Restricted Delivery

Certified Mail Fee \$

OFFICIAL USE

For delivery information, visit our website at www.usps.com™

Domestic Mail Only

**CERTIFIED MAIL® RECEIPT**

U.S. Postal Service™



Asure Care Corp.  
5451 San Felipe, Suite 500  
Houston, TX 77056

NIXIE 773 DE 1 0012/24/18  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
BC: 73112451999 \*1793-04944-24-27

UTF  
73112>4519

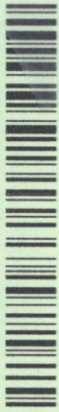
® **U.S. MAIL**  
 PLACE STICKER TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS. PRINTED ADDRESS  
 LINE 1 TO 4, ADDRESS LINE 5 TO 7, AND  
 ZIP CODE LINE 8 TO 9.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Asure Care Corp.  
 5451 San Felipe, Suite 500  
 Houston, TX 77056  
 18-0764-DJ/S/SAW(mt)  
 (Cond Adm. Ord. & Notice - 11-30-18)



9590 9402 3455 7275 4304 14

2. Article Number (Transfer from service label)

7015 0640 0004 9918 0866

PS Form 3811, July 2015 PSN 7530-02-000-9083

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  X  
 Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

OKLAHOMA INSURANCE DEPARTMENT  
 DEC 23 2018  
 Local Post Office

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

