

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

SEP 30 2019

STATE OF OKLAHOMA, ex rel. GLEN )  
MULREADY, Insurance Commissioner, )

INSURANCE COMMISSIONER  
OKLAHOMA

Petitioner, )

vs. )

CASE NO. 19-<sup>0315</sup>~~0314~~-DIS

JT ASSURANCE, LLC, a licensed insurance )  
company in the State of Oklahoma, )

Respondent. )

**FINAL ORDER**

COMES NOW the State of Oklahoma, ex rel. Glen Mulready, Insurance Commissioner,  
by and through counsel, Ron Kreiter, and alleges and states as follows:

**JURISDICTION**

1. Glen Mulready 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 JT Assurance, LLC ("Respondent") is a captive insurer licensed in the State of Oklahoma Certificate of Authority number 44201517.
3. Respondent was provided a Conditional Administrative Order and Notice of Right To Be Heard which was mailed August 12, 2019 and received at 649 NE Alsbury Blvd, Burleson, TX 76028 and 1406 Terrace Drive, Tulsa, OK 74104, on August 14, 2019. No response or written request for a hearing was received by the Oklahoma Department of Insurance within the thirty (30) day requirement from the date of mailing.

### **FINDINGS OF FACT**

4. Respondent, as a Captive Insurance Company, is required to renew their license by March 1 each year. 36 O.S. § 6470.3(D).

5. Based upon OID records, Respondent has failed to renew their license on March 1, 2017, March 1, 2018 and March 1, 2019 and pay the Three Hundred Dollar (\$300.00) renewal fee pursuant to 36 O.S. § 6470.3 D. OID had attempted to contact Respondent several times to resolve their delinquencies, to no avail.

6. Respondent, as a Captive Insurance Company, is required to file annual statements by March 1 of each year as well as an annual audit. 36 O.S. § 6470.11(B) and Rule 365:25-15-3.

7. Respondent has failed to file an annual statement for 2017 and 2018 and has not presented an annual financial audit for the calendar years 2016, 2017 and 2018, nor did the Respondent request a timely waiver for those filings. OID had attempted to contact Respondent several times to resolve their delinquencies, to no avail.

8. Respondent, as a Captive Insurance Company, is required to file and pay to the Department by March 1 of each year, a tax at the rate of two tenths of one percent (0.2%) on the direct written premiums collected or contracted for on policies or contracts of insurance written by the captive insurance company during the year end December 31 according to 36 O.S. § 6470.19.

9. Respondent has not filed or paid the premium tax for calendar years 2017 or 2018, or paid the minimum tax amount required by 36 O.S. § 6470.19. OID had attempted to contact Respondent several times to resolve their delinquencies, to no avail.

10. Respondent, as a Captive Insurance Company, is required to maintain certain unimpaired aggregate paid-in capital and surplus amounts designated in the statute. 36 O.S. § 6470.6

11. Respondent has not filed an annual statement or audit for 2017 or 2018. Therefore, OID could not determine if adequate unimpaired aggregate paid-in capital and surplus amounts designated in the statute, 36 O.S. § 6470.6, have been made. OID had attempted to contact Respondent several times to resolve their delinquencies, to no avail.

### **CONCLUSIONS OF LAW**

12. Respondent has violated 36 O.S. § 6470.3(D) by failing to renew their license for 2017, 2018 and 2019 and pay the fee of Three Hundred Dollars (\$300.00) each year.

13. Respondent has violated 36 O.S. § 6470.11(B) by failing to file an annual statements and audits (365:25-15-3) that would cover the 2016, 2017 and 2018 time periods.

14. Respondent has violated 36 O.S. § 6470.19 by failing to file and pay the required or minimum premium taxes for the 2017 and 2018 time periods.

15. Respondent has violated 36 O.S. § 6470.6 by failing to verify if adequate unimpaired aggregate paid-in capital and surplus amounts have been maintained.

16. Respondent has violated 36 O.S. § 6470.20 by failing to make returns or pay all taxes required by the statutes and are subject to sanctions.

### **ORDER**

**IT IS THEREFORE ORDERED** by the Insurance Commissioner that Respondent is **ORDERED TO PAY THE MINIMUM TAX ASSESSMENT OF FIVE THOUSAND DOLLARS (\$5,000.00)** for each calendar year 2017 and 2018 for a total of **TEN THOUSAND DOLLARS (\$10,000.00)** pursuant to 36 O.S. § 6470.19 . The \$10,000 tax is to be paid within



thirty (30) days of this Order made payable to the Oklahoma Insurance Department. The \$10,000.00 tax shall be paid by money order or cashier's check.

**IT IS FURTHER ORDERED** by the Insurance Commissioner that based upon other evidence as stated above, the Respondent shall have their Captive Insurance Company license (SBS #44201517) revoked and be fined not more than Five Thousand Dollars (\$5,000.00) for each occurrence of failing to file an annual statement (2017 and 2018), failing to file an annual audits (2017 and 2018), failing to verify adequate unimpaired aggregate paid-in capital and surplus amounts for calendar year 2017 and 2018 and failing to file an annual tax report for 2017 and 2018 and failing to be properly licensed for 2018 and 2019, for a total civil fine of Fifty Thousand Dollars (\$50,000.00) payable to the Oklahoma Insurance Department within thirty (30) days of this Order.

**WITNESS** My Hand and Official Seal this 27 day of September, 2019.



GLEN MULREADY  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
BY  
Tyler Laughlin  
Chief of Staff



**CERTIFICATE OF MAILING**

I, Ron Kreiter, 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 30th day of September, 2019, to:

JT Assurance, LLC  
1406 Terrace Drive  
Tulsa, Oklahoma 74104

***Certified Mail Number***

***9214 8902 0982 7500 0239 91***

JT Assurance, LLC  
649 NE Alsbury Boulevard  
Burleson, Texas 760128

***Certified Mail Number***

***9214 8902 0982 7500 0240 04***


JT Assurance, LLC  
714 Ferris Avenue  
Waxahachie, Texas 75165

***Certified Mail Number***

***9214 8902 0982 7500 0240 11***

and that a copy was delivered to:

Comptroller Division  
Financial Division

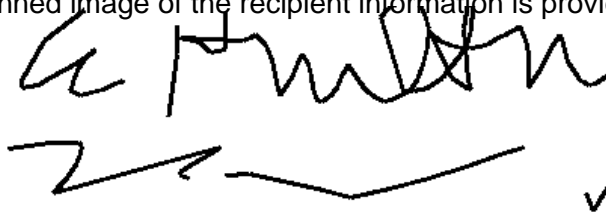
  
\_\_\_\_\_  
Ron Kreiter  
Deputy General Counsel  
Oklahoma Insurance Department  
3625 NW 56<sup>th</sup> St., Suite 100  
Oklahoma City, OK 73112  
(405) 521-2746

Date Produced: 10/14/2019

OKLAHOMA INSURANCE DEPARTMENT:

The following is the delivery information for Certified Mail™/RRE item number 9214 8902 0982 7500 0240 42. Our records indicate that this item was delivered on 10/11/2019 at 10:06 a.m. in WAXAHACHIE, TX 75165. The scanned image of the recipient information is provided below.

Signature of Recipient :



Address of Recipient :

**714 FERRIS AVE  
WAXAHACHIE, TX  
75165**

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.

This USPS proof of delivery is linked to the customers mail piece information on file as shown below:

JT ASSURANCE LLC  
714 FERRIS AVE  
WAXAHACHIE TX 75165-2552

Customer Reference Number: C1649751.9087116

Return Reference Number: SMS/19-0315-DIS (RLK)/Final Order

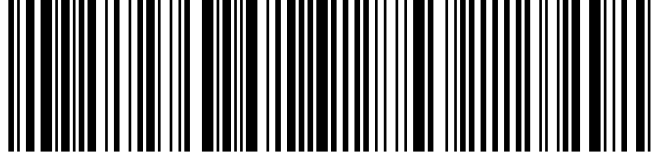
**Return address:**

OKLAHOMA INSURANCE DEPARTMENT  
5 CORPORATE PLAZA  
OKLAHOMA CITY, OK 73112

**Recipient address:**

JT ASSURANCE LLC  
714 FERRIS AVE  
WAXAHACHIE TX 75165-2552

MAILING DATE: 09/30/2019  
DELIVERY DATE: 10/11/2019

**USPS CERTIFIED MAIL**

9214 8902 0982 7500 0240 42

**USPS Tracking Label Number: 9214 8902 0982 7500 0240 42**

USPS Tracking History	Location	Date / Time
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SHIPMENT RECEIVED ACCEPTANCE PENDING	OKLAHOMA CITY,OK 73112	09/30/2019 16:19
ORIGIN ACCEPTANCE	OKLAHOMA CITY,OK 73112	09/30/2019 19:54
PROCESSED THROUGH USPS FACILITY	OKLAHOMA CITY,OK 73107	09/30/2019 21:09
DEPART USPS FACILITY	OKLAHOMA CITY,OK 73107	10/01/2019 08:33
PROCESSED THROUGH USPS FACILITY	DALLAS,TX 75260	10/01/2019 15:12
PROCESSED THROUGH USPS FACILITY	DALLAS,TX 75260	10/02/2019 01:17
DEPART USPS FACILITY	DALLAS,TX 75260	10/02/2019 03:40
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OUT FOR DELIVERY	WAXAHACHIE,TX 75165	10/11/2019 09:23
DELIVERED LEFT WITH INDIVIDUAL	WAXAHACHIE,TX 75165	10/11/2019 10:06

CASE NUMBER: 19-0315-DIS  
DEPARTMENT: LEGAL/RLK  
SENDER: SMS  
CUSTOM 4: FINAL ORDER

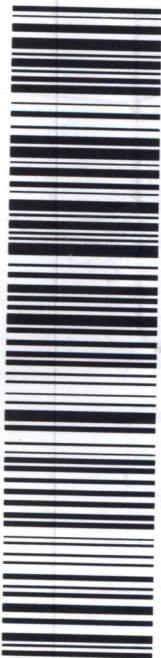




Oklahoma Insurance Department  
 Legal Division  
 3625 NW 56th Street  
 Oklahoma City, Oklahoma 7311

# CERTIFIED MAIL™

USPS CERTIFIED MAIL



9214 8902 0982 7500 0240 04

JT ASSURANCE LLC  
 649 NE ALSBURY BLVD  
 BURLESON TX 76028-2660

1A

NEOPOST

FIRST-CLASS MAIL

09/30/2019

US POSTAGE \$006.25



ZIP 73112  
 041M11455007

**RECEIVED**  
 OKLAHOMA INSURANCE DEPARTMENT

OCT 07 2019

**MAILROOM**



NIXIE 750 DE 1

0010/04/19

RETURN TO SENDER  
 INSUFFICIENT ADDRESS  
 UNABLE TO FORWARD

BC: 73112451999

\*1882-05353-04-19

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