

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

STATE OF OKLAHOMA, ex rel. GLEN)
MULREADY, Insurance Commissioner,)
)
Petitioner,)
vs.)
)
AMERICAN FEDERATION INSURANCE)
COMPANY, an Oklahoma licensed surplus)
lines carrier,)
)
Respondent.)

Case No. 21-0166-DIS

FILED
MAY 27 2021
INSURANCE COMMISSIONER
OKLAHOMA

**CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD**

COMES NOW the State of Oklahoma, ex rel. Glen Mulready, Insurance Commissioner,
by and through counsel, Kayla M. Rochelle, 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 et seq.*

2. Respondent American Federation Insurance Company ("Respondent") is a licensed surplus lines carrier in the State of Oklahoma, NAIC CoCode #10245. Respondent's statutory home office address of record is 15700 Long Vista Dr. Austin, TX 78728.

FINDINGS OF FACT

3. Based upon the Oklahoma Insurance Department's ("OID") records, Respondent failed to pay its 2020 Anti-Fraud Assessment fee on or before July 1, 2020.

4. On or about August 20, 2020, the OID's Legal Division sent Respondent a letter to its statutory home office address of record by certified mail, with return receipt of record, notifying

it of its failure to pay the Anti-Fraud Assessment fee.

5. Respondent received the letter on or about August 24, 2020.

6. As of the date of this Conditional Order, Respondent has failed to remit payment of its 2020 Anti-Fraud Assessment fee to the OID.

7. Pursuant to 36 O.S. § 362, 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. Surplus lines carriers are required to pay said fee.

8. Pursuant to 36 O.S. § 619(A)(1), the Insurance Commissioner may refuse to renew, or may revoke or suspend an insurer's certificate of authority if the insurer, violates any provision of the Insurance Code.

9. Pursuant to 36 O.S. § 619(B), in addition to or in lieu of any applicable revocation or suspension of an insurer's certificate of authority, any insurer may be subject to a civil penalty of not more than Five Thousand Dollars (\$5,000.00) for each occurrence.

CONCLUSIONS OF LAW

10. Respondent violated 36 O.S. § 362 by failing to pay its 2020 Anti-Fraud Assessment fee on or before July 1, 2020.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that Respondent is **FINED One Thousand Five Hundred Dollars (\$1,500.00)**. The \$1,500.00 fine shall be paid within thirty (30) days of the date of this Conditional Order and be made payable to the Oklahoma Insurance Department. The \$1,500.00 civil fine shall be paid by

check, cashier's check, or money order.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that Respondent shall remit full payment of its owed 2020 Anti-Fraud Assessment fee in the amount of **Seven Hundred Fifty Dollars (\$750.00)** to the Oklahoma Insurance Department within thirty (30) days of the date of this Conditional Order.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is conditional. Unless Respondent requests a hearing with respect to the Findings of Fact set forth above within **thirty (30) days of the date of this Conditional Order**, the penalties set forth above will become a **Final Order** on the thirty-first (31st) day following the date of mailing of this Conditional Order. A request for hearing should be in writing and addressed to Kayla M. Rochelle, Oklahoma Insurance Department, Legal Division, 400 NE 50th Street, Oklahoma City, Oklahoma 73105. The request for hearing must state the grounds for the request to set aside or modify this Conditional Order and must be received by the Oklahoma Insurance Department within the thirty (30) days allotted.

The hearing will be conducted in accordance with the Oklahoma Insurance Code, *36 O.S. §§ 101 et seq.* and the Oklahoma Administrative Procedures Act, *75 O.S. §§ 250 et seq.* If Respondent timely requests a hearing, this Conditional Order shall act as a notice of the matters to be reviewed at the hearing and the Findings of Fact, Conclusions 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 25th day of May 2021.



GLEN MULREADY
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Kayla M. Rochelle
Kayla M. Rochelle, OBA #34014

Assistant General Counsel
Oklahoma Insurance Department
400 NE 50th Street
Oklahoma City, OK 73105
Telephone: (405) 521-2748

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 certified mail, with postage prepaid and return receipt requested, on this 27th day of May 2021 to:

American Federation Insurance Company
15700 Long Vista Dr.
Austin, TX 78728

CERTIFIED MAIL NO:
9214 8902 0982 7500 0377 90

and that a copy was delivered to:

Comptroller Division



Kayla M. Rochelle



21-066-Dis
KMK

Date Produced: 06/14/2021

OKLAHOMA INSURANCE DEPARTMENT:

The following is the delivery information for Certified Mail™/RRE item number 9214 8902 0982 7500 0377 90. Our records indicate that this item was delivered on 06/07/2021 at 04:44 a.m. in OKLAHOMA CITY, OK 73126. The scanned image of the recipient information is provided below.

Signature of Recipient :

Delivery Section
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Katie Kuller
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Address of Recipient :

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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:

AMERICAN FEDERATION INSURANCE COMPANY
15700 LONG VISTA DR
AUSTIN TX 78728-3822

Customer Reference Number: C2723057.15676817