

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

NOV 06 2024

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

Petitioner,

v.

LIBERTY DENTAL PLAN OF  
OKLAHOMA, INC.

A Pre-Paid Medical Company,

Respondent.

INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 24-0651-DIS

**DISMISSAL WITH PREJUDICE**

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

**JURISDICTION**

1. The Insurance Commissioner of the State of Oklahoma, Glen Mulready, (herein referred to as “Commissioner”), is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 *et seq.*, including the Unfair Claims Settlement Practices Act, 36 O.S. §1250.1 *et seq.*

2. Liberty Dental Plan of Oklahoma, Inc. (“Respondent”), is a domestic pre-paid medical company, holding NAIC CoCode 16939, authorized to sell pre-paid medical insurance in the State of Oklahoma. Respondent’s mailing address of record is 340 Commerce, Ste. 100, Irvine, CA 92602.

**FINDINGS OF FACT**

1. On or about August 19, 2024, the Consumer Assistance Division of the Oklahoma Insurance Department (“OID”) emailed a letter to Respondent requesting the Respondent provide an adequate response for OID file number 123795 within twenty (20) days of receipt pursuant to

36 O.S. § 1250.4. The letter was emailed to Respondent's email address of record in SBS: [accountsreceivable@libertydentalplan.com](mailto:accountsreceivable@libertydentalplan.com).

2. On or about September 11, 2024, a second letter was emailed to the Respondent stating that they were in violation of 36 O.S. § 1250.4 for failure to furnish an adequate response within 20 calendar days. The letter was emailed to [jcarvelli@libertydentalplan.com](mailto:jcarvelli@libertydentalplan.com).

3. On or about September 17, 2024, Respondent submitted a response to the August 19, 2024, and the September 11, 2024 requests from OID.

4. On or about October 28, 2024, Respondent paid the requisite fines.

### **ORDER**

**IT IS THEREFORE ORDERED that this matter is DISMISSED WITH PREJUDICE.**

WITNESS My Hand and Official Seal this 1 day of November, 2024.



**GLEN MULREADY  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA**

*Tyler P. Trammell*

Tyler P. Trammell, OBA No. 32885  
Assistant General Counsel  
Oklahoma Insurance Department  
400 N.E. 50<sup>th</sup> St.  
Oklahoma City, OK 73105  
(405) 521-6695 (Office)  
[Tyler.Trammell@oid.ok.gov](mailto:Tyler.Trammell@oid.ok.gov)

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing *Conditional Order* was mailed by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 6<sup>th</sup> day of November, 2024, to:

Liberty Dental Plan of Oklahoma, Inc.  
340 Commerce, Ste. 100  
Irvine, CA 92602

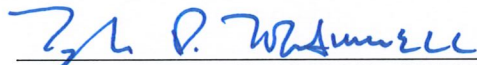
**CERTIFIED MAIL NO.**  
**9589 0710 5270 2178 8044 49**

Liberty Dental Plan of Oklahoma, Inc.  
1730 Flight Way, Ste. 125  
Tustin, CA 92782  
[licensing@libertydentalplan.com](mailto:licensing@libertydentalplan.com)  
[compliance@libertydentalplan.com](mailto:compliance@libertydentalplan.com)

**CERTIFIED MAIL NO.** **9589 0710 5270 2178 8044 56**

and a copy was delivered to:

Consumer Assistance Division



Tyler P. Trammell, OBA No. 32885  
Assistant General Counsel  
Oklahoma Insurance Department  
400 N.E. 50<sup>th</sup> St.  
Oklahoma City, OK 73105  
(405) 521-6695 (Office)  
Tyler.Trammell@oid.ok.gov