

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
DEC 18 2007
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel.)
KIM HOLLAND, Insurance Commissioner,)
)
Petitioner)
)
v.)
)
DAIMLERCHRYSLER INSURANCE COMPANY,)
a licensed insurer in the State of Oklahoma,)
)
Respondent.)

Case No. 07-1330-DIS

FINAL ADMINISTRATIVE ORDER

ON THIS 14th day of December, 2007, this matter comes on for consideration. DaimlerChrysler Insurance Company (“Respondent”) was provided a copy of the Conditional Order entered in this matter on October 29, 2007, (see Exhibit A) by certified mail, article number 7001 0320 0004 4505 0218, sent to the statutory address as provided to the Petitioner by Respondent. The Conditional Order advised Respondent that the Order would become a final order on the thirty-first day following the date of mailing of the Order if no hearing was requested in writing on the matter.

FINDINGS OF FACT

1. That the allegations of fact set forth in the attached Conditional Order are hereby adopted and incorporated herein as findings of fact.
2. That Respondent did not pay the fine and did not request a hearing and therefore the Conditional Order has become a final order.

CONCLUSIONS OF LAW

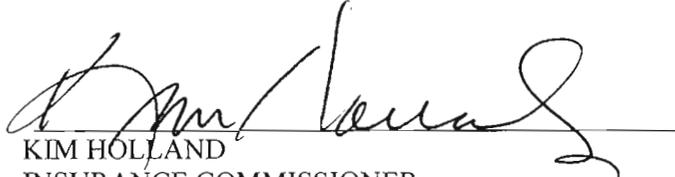
That such conduct by Respondent is in violation of the laws alleged in the Conditional Order which is incorporated herein by reference.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that the Conditional Order entered in this matter on October 29, 2007, is a final order and all penalties imposed by the Conditional Order are incorporated herein and imposed on the Respondent.

WITNESS My Hand and Official Seal this 18th day of December, 2007.




KIM HOLLAND
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

CERTIFICATE OF MAILING

I, Sandra G. LaVenué, hereby certify that a true and correct copy of the above and foregoing Final Administrative Order was mailed by certified mail with return receipt requested and postage prepaid on this 18th day of December, 2007, to:

DaimlerChrysler Insurance Company
ATTN: D. F. Browning
27777 Inkster Road
Farmington Hill, MI 48334

CERTIFIED NO. 7001 0320 0004 4505 0393

and that notification was sent to:

NAIC

and that a copy was delivered to:

Chris Van Ess, Director
Financial Division

Kathie Stepp, Director
Property & Casualty Division


SANDRA G. LAVENUÉ
Assistant General Counsel

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

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INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel.)
KIM HOLLAND, Insurance Commissioner,)
)
Petitioner)
)
v.)
)
DAIMLERCHRYSLER INSURANCE COMPANY,)
a licensed insurer in the State of Oklahoma,)
)
Respondent.)

Case No. 07-1330-DIS

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. Kim Holland, and alleges and states as follows:

JURISDICTION

1. That Kim Holland 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, Okla. Stat. tit. 36, § 101, et seq.

2. That if a hearing is requested by the Respondent, the Insurance Commissioner, pursuant to Okla. Admin. Code § 365:1-7-5, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

3. If the Respondent requests a hearing in this matter, the Insurance Commissioner, pursuant to Okla. Stat. tit. 36, § 319, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and who may preside over the hearing requested by the Respondent.

ALLEGATIONS OF FACT

1. That the Respondent is a licensed insurer in the State of Oklahoma holding certificate of authority number 3456.

EXHIBIT
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A

2. That the Respondent failed to properly and timely submit Form WC-10 to the Department for the following quarter(s): 4th quarter, 2006.

ALLEGED VIOLATIONS OF LAW

That the Respondent violated Okla. Stat. tit. 85, § 173(D) by failing to timely report to the Insurance Commissioner payment made to the Oklahoma Tax Commission for the Multiple Injury Trust Fund Assessment.

ORDER

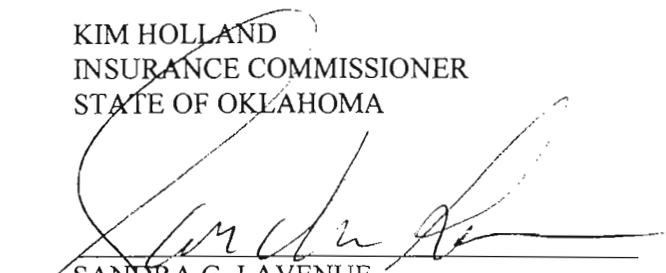
IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated Okla. Stat. tit. 85, § 173(D) and is fined in the amount of **FIVE HUNDRED AND NO/100 DOLLARS (\$500.00)**. **Fine to be paid immediately and remitted to the Oklahoma Insurance Department and mailed to ATTN: Sandra LaVenue, Legal Division, P.O. Box 53408, Oklahoma City, OK 73152-3408.**

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 of this Order. Such request for a hearing, if desired, shall be made in writing, addressed to Sandra LaVenue, Oklahoma Insurance Department, Legal Division, P.O. Box 53408, Oklahoma City, Oklahoma 73152-3408 and must be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on any such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, Okla. Stat. tit. 36, § 101, et seq., and the Oklahoma Administrative Procedures Act, Okla. Stat. tit. 75, §§ 250 through 403. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a 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 29th day of October, 2007.



KIM HOLLAND
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


SANDRA G. LAVENUE
Assistant General Counsel

CERTIFICATE OF MAILING

I, Sandra G. LaVenu, 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 29th day of October, 2007, to:

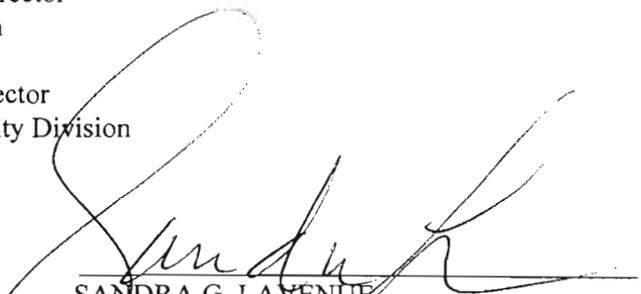
DaimlerChrysler Insurance Company
ATTN: D. F. Browning
27777 Inkster Road
Farmington Hill, MI 48334

CERTIFIED NO. 7001 0320 0004 4505 0218

and that a copy was delivered to:

Chris Van Ess, Director
Financial Division

Kathie Stepp, Director
Property & Casualty Division


SANDRA G. LAVENUE
Assistant General Counsel

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4505 0218

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

3RD MAIL STATION
OCT 29 2007
OKLAHOMA

DaimlerChrysler Insurance Company
 ATTN: D. F. Browning
 27777 Inkster Road
 Farmington Hill, MI 48334
 SGL-07-1330-DIS-Cond. Order

See for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mail piece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>C. Date of Delivery</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES, enter delivery address below:</p> <p><i>[Signature]</i></p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT Legal Division NOV 5 2007</p> <p>WASHINGTON NOV 1 2007</p>
<p>1. Article Addressed to:</p> <p>DaimlerChrysler Insurance Company ATTN: D. F. Browning 27777 Inkster Road Farmington Hill, MI 48334 SGL-07-1330-DIS-Cond. Order</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>