

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

DEC 10 2008

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel.)
KIM HOLLAND, Insurance Commissioner,)
)
Petitioner)
)
v.)
)
HARTFORD CASUALTY INSURANCE)
COMPANY)
)
Respondent.)

Case No. 08-1595-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. 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, 36 O.S. §§ 101 et seq., including 36 O.S. § 1250.4.

2. The Hartford Casualty Insurance Company ("Respondent") is a foreign insurer, licensed in the State of Oklahoma, holding certificate of authority number 3350.

3. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to 36 O.S. § 619.

4. If Respondent requests a hearing in writing in this matter, pursuant to Oklahoma Administrative Code 365-1-7-1, the Insurance Commissioner, pursuant to 36 O.S. §319, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

5. The Insurance Commissioner, pursuant to Oklahoma Administrative 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.

ALLEGATIONS OF FACT

1. That Respondent is a foreign insurer, licensed in the State of Oklahoma holding certificate of authority number 3350.

2. That on June 16, 2008, Barbara and Charles Barto ("Claimant"), filed a claim with Respondent arising from damage to their house from a fallen tree limb.

3. Claimant was unable to live in the home during the repairs. Due to health reasons; Claimant was required to temporarily reside in assisted living quarters which required advance payment.

4. Claimant's immediate expenses for tree removal and assisted living were \$5,700.00. Respondent issued an advance payment of \$5,000.00 for temporary living expenses and tree removal.

5. Claimant submitted and Respondent received additional receipts for assisted living expenses and other miscellaneous expenses on July 21, 2008, in the amount of \$5829.71.

6. Claimant's request for additional living expenses was a written communication to Respondent which reasonably suggested that a response was expected.

7. On August 25, 2008, Claimant filed a complaint with Petitioner stating that Respondent failed to respond to a written communication within thirty (30) days from receipt.

8. Respondent finally responded to Claimant's written request on September 16, 2008, which was approximately fifty-seven (57) days after Claimant's request.

ALLEGED VIOLATIONS OF LAW

Respondent violated 36 O.S. § 1250.4(C) by failing to respond to Claimant's written communication within thirty (30) days from receipt and that Claimant's communication reasonably suggested that a response was expected.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 1250.4(C) and is hereby fined in the amount of **Five Hundred AND NO/100 DOLLARS. 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.**

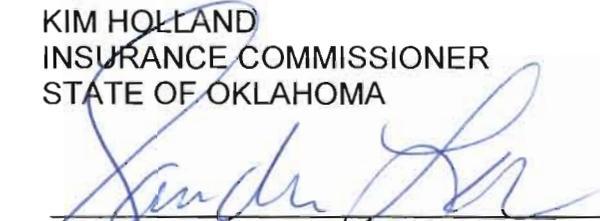
IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties 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, 36 O.S. §§ 101 through 7004, and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 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 10th day of December, 2008.



KIM HOLLAND
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


SANDRA G. LAVENUE, OBA# 13372
Oklahoma Insurance Department
Assistant General Counsel

CERTIFICATE OF MAILING

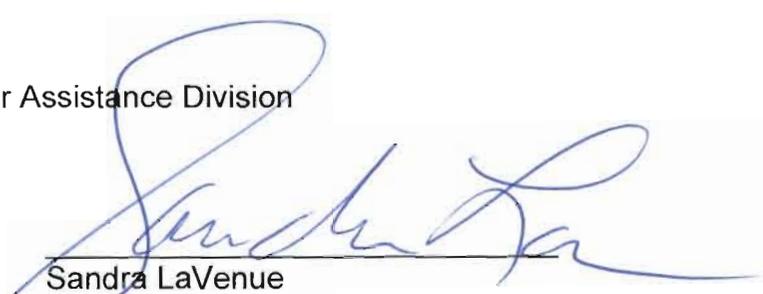
I, Sandra G. LaVenue, hereby certify that a true and correct copy of the above and foregoing Conditional Administrative Order and Notice of Right to be Heard was mailed via certified mail with postage prepaid and return receipt requested on this 10th day of December 2008, to:

Hartford Casualty Insurance Company
Hartford Plaza
Hartford, Connecticut 06115
CERTIFIED NO. 7006 2760 0005 6607 4417

and that a copy was delivered to:

Chris Van Ess, Director
Financial Division

Brian Gabbert
Claims/Consumer Assistance Division



Sandra LaVenue
Assistant General Counsel

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

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

OFFICIAL USE

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

Postmark
Here

Sent
 Street or PO
 City

Hartford Casualty Insurance Co.
 Hartford Plaza
 Hartford, Connecticut 06115
 sms/8-1595-DIS/Cond. Ord.

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- 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 mailpiece or on the front if space permits.

1. Article Addressed to:

DEC 22 2008

Hartford Casualty Insurance Co. Legal Division
 Hartford Plaza
 Hartford, Connecticut 06115
 sms/8-1595-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature **DEC 16 2008**
 Dale K. Goldstein Agent Addressee

B. Received by (Printed Name) *Dale K. Goldstein* C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0005 6607 4417