

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

**FILED**  
AUG 23 2012  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,  
Petitioner,  
v.  
SELF INSURED SERVICES COMPANY,  
a nonresident third party administrator,  
Respondent.

Case No. 12-0705-DIS

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

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through his attorney, Julie Meaders, and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq.
2. Self Insured Services Company's address of record is 800 Main Street, P.O. Box 389, Dubuque, Iowa 52001.
3. The Commissioner may either suspend or revoke a third-party administrator's license or assess a civil penalty of not more than Five Thousand Dollars (\$5,000.00) for each occurrence of a violation of any of the provisions of the Oklahoma Insurance Code. 36 O.S. § 1450(G).

### ALLEGATIONS OF FACT

1. Respondent applied for a third party administrator license on May 24, 2011. Several requests were emailed to Respondent by Department personnel for additional information on June 21, 2011, July 11, 2011, August 30, 2011 and January 23, 2012.

2. A certified letter was mailed by Department personnel to the Respondent on March 12, 2012 stating that the application was closed due to a lack of response for the application information.

3. A renewal application was received on March 22, 2012 including a list of contracted insurers. Department personnel informed Respondent that the original application was closed due to lack of information and that a new application was necessary.

4. A new application was received on April 30, 2012 with a list of contracted insurers different from the previous list. An email was sent by Department personnel to confirm the correct list of insurers. A reply was received that Witten Company was a client for Oklahoma and that four claims were processed in 2011.

5. Any person who is acting as or presenting himself to be an administrator without a valid license shall be subject, upon conviction, to a fine of not less than One Thousand Dollars (\$1,000.00) nor more than Ten Thousand Dollars (\$10,000.00) for each occurrence. 36 O.S. § 1450(H).

### ALLEGED VIOLATIONS OF LAW

1. Respondent is in violation of 36 O.S. § 1450(H) for acting as or presenting itself as a third party administrator in Oklahoma without a valid license.

### ORDER

**IT IS THEREFORE ORDERED** by the Insurance Commissioner that Self Insured

Services Company is **FINED ONE THOUSAND DOLLARS (\$1,000.00)** for operating without a license. **The \$1,000.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. License will be issued upon payment of the fine.

**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 this Order. A request for hearing should be in writing addressed to Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Street, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as 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 23<sup>rd</sup> day of August, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

*Julie Meaders*

Julie Meaders  
Assistant General Counsel  
3625 N.W. 56<sup>th</sup> Street, Suite 100  
Oklahoma City, OK 73112  
Telephone: (405) 521-2746

#### CERTIFICATE OF MAILING

I, Julie Meaders, 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 23<sup>rd</sup> day of August, 2012 to:

Self Insured Services Company  
800 Main Street  
P.O. Box 389  
Dubuque, IA 52001

**CERTIFIED MAIL NO: 7008 1830 0003 9411 9570**

and a copy was delivered to:

DeAnn Robinson/Financial Division

*Julie Meaders*  
\_\_\_\_\_  
JULIE MEADERS  
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](http://www.usps.com)

**OFFICIAL USE**

7008 1830 0003 9411 9570

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



Total Postage & Fees **Self Insured Services Co.**  
 800 Main Street  
 P.O. Box 389  
 Dubuque, IA 52001

Sent To  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

12-0705-DIS/JAM(mt)Con. Adm. Ord.

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>	<p>A. Signature                  x Mark W. Here <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>MARK GIESE</b></p> <p>C. Date of Delivery <b>8/27/12</b></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;">                     Self Insured Services Co.                      800 Main Street                      P.O. Box 389                      Dubuque, IA 52001                      12-0705-DIS/JAM(mt)Con. Adm. Ord.                 </div>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>AUG 30 2012</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT Legal Division</p>	
<p>7008 1830 0003 9411 9570</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	