

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

SEP 15 2014

INSURANCE COMMISSIONER
OKLAHOMA

)
STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
vs.)
)
MDOW INSURANCE COMPANY,)
a licensed insurer in the State of Oklahoma,)
)
Respondent.)

CASE NO. 14-0843-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 counsel, and alleges and states as follows:

JURISDICTION

1. John D. Doak 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 MDOW Insurance Company (“Respondent”) is a licensed foreign property and casualty insurer in the State of Oklahoma holding license number 4926 and NAIC number 12810. Its mailing address is P.O. Box 540307, Houston, Texas 77254-0307

ALLEGATIONS OF FACT

1. On or about July 7, 2014 the Consumer Assistance Division at the Oklahoma Insurance Department received a complaint from Elaine Crawford. Ms. Crawford complained National Insurance Agency failed to add her mortgage company to her MDOW Homeowner’s

policy. She also complained that her MDOW policy was cancelled because the agent failed to forward her premium to the Company. It was subsequently cancelled again for failing to submit underwriting information.

2. Jessica Nunez, an analyst in the Consumer Assistance Division, sent a letter of inquiry to Taylor Millard, the contact person at MDOW Insurance Company on July 8, 2014. She received no response to her inquiry (Exhibit "A").

CONCLUSIONS OF LAW

1. Every agent, adjuster, administrator, insurance company representative, or insurer upon receipt of any inquiry from the Commissioner shall, within thirty (30) days from the date of the inquiry, furnish the Commissioner with an adequate response to the inquiry. 36 O.S. § 1250.4(B).

2. Respondent has violated 36 O.S. § 1250.4(B) by failing to furnish an adequate response to an inquiry from the Commissioner within thirty (30) days from the date of the inquiry.

ORDER

IT IS THEREFORE ORDERED that Respondent shall provide a response to the inquiry referenced above and is fined in the amount of Five Hundred Dollars (\$500.00). The response and fine are to be submitted to the Oklahoma Insurance Department within thirty (30) days of the date of this Order.

Respondent is further notified that it may request a hearing within thirty (30) days of the receipt of this Order and upon such request a hearing shall be conducted before an independent hearing examiner. A request for hearing shall be made in writing to Julie Meaders, Deputy General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100,

Oklahoma City, Oklahoma 73112, and shall state the basis for the request.

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 does not request a hearing within 30 days of receipt of this Order, it shall become a **FINAL ORDER** on the 31st day following said receipt. If Respondent timely serves a request for hearing, 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 penalty imposed in this Conditional Order shall be considered withdrawn, pending final resolution of this matter through hearing.

WITNESS My Hand and Official Seal this 12th day of September 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders

Julie Meaders, OBA #14410
Deputy General Counsel
Oklahoma Insurance Department
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
(405) 521-2746

CERTIFICATE OF SERVICE

I, Julie Meaders, hereby certify that a true and correct copy of the above and foregoing Conditional Administrative Order was mailed certified, return receipt requested, on this 15th day of September 2014 to:

Taylor Millard
MDOW Insurance Company
P.O. Box 540548
Houston, TX 77254-0307

Certified Mail No.
7001 0320 0004 4249 4176

and a copy was delivered to:

Consumer Assistance Division



Julie Meaders

Governor
Mary Fallin



Insurance Commissioner
John Doak

Oklahoma Insurance Department
State of Oklahoma

July 8, 2014

TAYLOR MILLARD
MDOW INSURANCE COMPANY
PO BOX 540548
HOUSTON TX 77254-0307

RE: ELAINE CRAWFORD, POLICY OKP_H181086-14
OID FILE NUMBER: 46447

Dear Taylor Millard:

Enclosed you will find a copy of a Request for Assistance we have received from the above inquirer. Please review this correspondence and advise this office of your position. We ask that you use our file number on all correspondence concerning this inquiry.

Section 1250.4 (B) of the Oklahoma Insurance Code requires that your company provide this Department with an adequate written explanation regarding your position taken in this matter. Your response must be received by this office no later than thirty (30) days from the date of this letter.

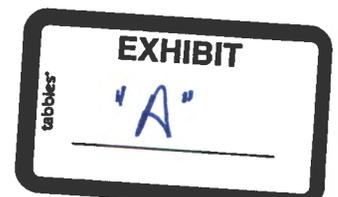
Your response must include the full name of the insuring company and the corresponding NAIC company code. This will ensure that we associate the record of the complaint with the appropriate entity. We also request that you provide a copy of the policy in question, and further request that you provide a specific contact person who will be handling this matter, their direct telephone number and e-mail address.

Thank you in advance for your assistance and your timely response. This department looks forward to working with you in resolving the insurance problems of this consumer.

Sincerely,

Jessica Nunez
Property and Casualty Analyst
Consumer Assistance/Claims Division
jessica.nunez@oid.ok.gov
(405)521-2991 Phone (405) 521-6652 Fax

Enclosure



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

OFFICIAL USE

7001 0320 0004 4249 4176

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



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

MDOW Insurance Company
ATTN: Taylor Millard
P.O. Box 540548
Houston, TX 77254-0307
rlg/14-0843-DIS/Cond. Adm. Ord.

PS Form 3800, January 2001

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:

MDOW Insurance Company
 ATTN: Taylor Millard
 P.O. Box 540548
 Houston, TX 77254-0307
 rlg/14-0843-DIS/Cond. Adm. Ord.

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

SEP 25 2014

Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Sean Crabtree* C. Date of Delivery *9/22/14*

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

540548



8. 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)

7001 0320 0004 4249 4176

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540