BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

FILED
JAN 27 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,	)	
Petitioner,	)	
v.	)	**Case No. 16-0069-DIS**
CAREMARKPCS HEALTH, LLC, a non-resident third-party administrator,	)	
Respondent.	)	

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 undersigned attorney, 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. CaremarkPCS Health, LLC is licensed by the State of Oklahoma as a non-resident third-party administrator holding license number 863726. Its address of record is 9501 E. Shea Blvd., MC024, Scottsdale, AZ 85260-6719.

3. The Commissioner may censure, suspend or revoke a third-party administrator's license to transact business in this state, or assess a civil penalty of not less than One Hundred Dollars ($100.00) or more than One Thousand Dollars ($1,000.00) for each occurrence, or both censure, suspension, or revocation and civil penalty for failing to file an annual report. See 36 O.S. § 1452(A).

ALLEGATIONS OF FACT

1. On or before June 1 of each year, all licensed administrators shall file an annual report for the previous calendar year. The report shall have been reviewed by a certified public accountant who shall be independent of the administrator. The report shall be subscribed and sworn to by the president and attested to by the secretary or other proper officers substantiating that the information contained in the report is true and factual concerning each of the plans they administer which are governed pursuant to the Third-party Administrator Act. The report shall include the name and address of each fund and a statement of fund equity, paid claims by the covered unit, the accumulated year-to-date paid claims, and the year-to-date reserve status. Failure of any third-party administrator to execute and file the annual reports as required by this section shall constitute cause, after notice and opportunity for hearing, for censure, suspension, or revocation of administrator licensure to transact business in this state, or a civil penalty of not less than One Hundred Dollars ($100.00) or more than One Thousand Dollars ($1,000.00) for each occurrence, or both censure, suspension, or revocation and civil penalty. See 36 O.S. § 1452(A).

2. Respondent's Third-Party Administrator Annual Report for the year 2014 was due on or before June 1, 2015. As of the date of this Order, Respondent has failed to file its Third-Party Administrator Annual Report for the year 2014 with the Oklahoma Insurance Department (the "Department").

ALLEGED VIOLATIONS OF LAW

1. Respondent is in violation of 36 O.S. § 1452(A) for failing to submit its Third-Party Administrator Annual Report for the year 2014 to the Department on or before June 1, 2015.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that CaremarkPCS Health, LLC is **CENSURED AND FINED ONE THOUSAND DOLLARS ($1,000.00)** for failing to submit its Third-Party Administrator Annual Report for the year 2014 to the Department on or before June 1, 2015. **The ONE THOUSAND DOLLAR ($1,000.00) fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department.

IT IS FURTHER ORDERED by the Insurance Commissioner that CaremarkPCS Health, LLC **shall submit its Third-Party Administrator Annual Report for the year 2014 to the Department within thirty (30) days of the date of this Order and that in the event it fails to do so that its license to transact business in this state shall be immediately suspended until such time as it submits such report and pays the accessed fine of ONE THOUSAND DOLLARS ($1,000.00) to the Department**.

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 Dan R. Byrd, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th 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 27th day of January, 2016.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Dan R. Byrd
Assistant General Counsel
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112
Telephone: (405) 522-6330
Facsimile: (405) 522-0125

CERTIFICATE OF MAILING

I, Dan R. Byrd, Assistant General Counsel, 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 27th day of January, 2016 to:

CaremarkPCS Health, LLC
9501 E. Shea Blvd., MC024
Scottsdale, AZ 85260-6719

CERTIFIED MAIL NO: **7015 0640 0002 7406 5906**

and a copy was delivered to:

DeAnn Robinson/Financial Division

Dan R. Byrd
Assistant General Counsel

7015 0640 0002 7406 5906

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WARR ACRES

Caremark PCS Health, LLC
9501 E. Shea Blvd., MC024
Scottsdale, AZ 85260-6719
16-0069-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice~1-27-16)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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- Print your name and address on the reverse so that we can return the card to you.
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Caremark PCS Health, LLC
9501 E. Shea Blvd., MC024
Scottsdale, AZ 85260-6719
16-0069-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice~1-27-16)

9590 9403 0272 5155 0704 98

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