

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

**FILED**  
FEB 22 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
SIGNIFICA BENEFIT SERVICES, INC., )  
a non-resident third-party )  
administrator, )  
 )  
Respondent. )

Case No. 16-0084-DIS

**CONSENT ORDER**

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through Counsel, Dan R. Byrd, and Significa Benefit Services, Inc. (“Respondent”) and enter into this Consent Order.

**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. Significa Benefit Services, Inc. is licensed by the State of Oklahoma as a non-resident third-party administrator holding license number 863504. Its address of record is P.O. Box 7777, Lancaster, PA 17604-7777.

3. Respondent has been apprised of its rights including the right to a public hearing and has knowingly and freely waived said rights and entered into this Consent Order as a voluntary settlement of the issues and questions raised in the above captioned case.

## **STIPULATIONS 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. Respondent failed to file its Third-Party Administrator Annual Report for the year 2014 with the Oklahoma Insurance Department (the "Department") as required by 36 O.S. § 1452(A), but has since filed its report with the Department late on February 9, 2016.

## **CONCLUSIONS 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 AND CONSENT**

**IT IS THEREFORE ORDERED** by the Insurance Commissioner and **CONSENTED** to by Significa Benefit Services, Inc. that it be fined in the amount of Two Hundred Dollars (\$200.00) for the above described violations of the Oklahoma Insurance Code due and payable to the Oklahoma Insurance Department within thirty (30) days after the date of this Order.

WITNESS My Hand and Official Seal this 22nd day of February, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

*James C. Mills*

\_\_\_\_\_  
JAMES MILLS  
CHIEF OF STAFF

APPROVED:

*[Signature]*  
\_\_\_\_\_  
DAN R. BYRD  
Assistant General Counsel

*Audrey Ray 2/15/16*  
\_\_\_\_\_  
AUDREY RAY  
Significa Benefit Services, Inc.

**CERTIFICATE OF MAILING**

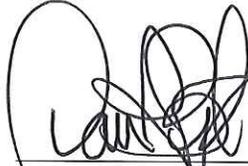
I, Dan R. Byrd, hereby certify that a true and correct copy of the above and foregoing Consent Order was mailed via certified mail with return receipt requested, and via regular mail, on this 20th day of February, 2016, to:

Significa Benefit Services, Inc.  
ATTN: Audrey Ray  
P.O. Box 7777  
Lancaster, PA 17604-7777

**CERTIFIED MAIL NO: 7015 0640 0002 7406 9003**

and a copy was delivered to:

DeAnn Robinson/Financial Division



---

DAN R. BYRD  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
 \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$ **2.60**

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage  
 \$ **0.48**

Total Postage and Fees

Sent To

Street and Apt. No., or PO Box #

City, State, ZIP+4®

Significa Benefit Services, Inc.  
 Attn: Audrey Ray  
 P.O. Box 7777  
 Lancaster, PA 17604-7777  
**16-0084-DIS/DRB(mt)**  
**(Consent Order ~2-22-16)**



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

7015 0640 0002 7406 9003

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Significa Benefit Services, Inc.  
 Attn: Audrey Ray  
 P.O. Box 7777  
 Lancaster, PA 17604-7777  
**16-0084-DIS/DRB(mt)**  
**(Consent Order ~2-22-16)**



2. Article Number (Transfer from service label)  
**7015 0640 0002 7406 9003**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Rosalee A. Behrens*  Agent  Addressee

B. Received by (Printed Name) *Rosalee A. Behrens* C. Date of Delivery *2/25/16*

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 MAR 01 2016

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt