

**STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE DIVISION**

In the Matter of **Transguard Insurance Company**) **STIPULATION and**
of America Inc.) **FINAL ORDER**
) Case No. INS 15-04-013

STIPULATION

The Director of the Oregon Department of Consumer and Business Services (director), and through the Insurance Division, commenced this administrative proceeding, pursuant to Oregon Revised Statutes (ORS) 731.256, to take enforcement action against Transguard Insurance Company of America Inc. (Transguard).

Transguard desires to conclude this proceeding without a hearing by entering into this stipulation pursuant to ORS 183.417(3).

Transguard waives all rights relative to an administrative hearing and judicial review thereof.

Transguard stipulates to the following facts, conclusions, and action stated below, and to the issuance of a final order incorporating this stipulation.

Transguard understands that the stipulation and final order is a public record and shall be posted permanently on the Insurance Division's website.

Facts and Conclusions

Licensing Information

Transguard has been licensed in Oregon as a foreign insurer since 4/9/97. Transguard's NAIC number (cocode) is 28886 and federal employer identification number is 36-3529298. Transguard's last recorded business mailing address is 702 Oberlin Road, Raleigh, NC 27605-1102; and telephone number is 630-864-3500.

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Filed Special Oregon Schedule P Late

Transguard is subject to enforcement action pursuant to ORS 731.574(1) because Transguard was required to file its Special Oregon Schedule P for 2014 by 3/2/15 but filed it two days late on 3/4/15.

Action

Pursuant to ORS 731.988(1), Transguard is assessed a civil penalty of \$1,000. The payment shall be made in the form of a check payable to the "Department of Consumer and Business Services" for the full amount due. The payment shall be delivered or mailed to the Insurance Division at the Labor and Industries Building, 350 Winter Street NE Room 300, Salem, OR 97301-3880; or mailed to the Insurance Division at PO Box 14480, Salem, OR 97309-0405. The payment shall be received by the Insurance Division before the date of the final order.

Dated 4/29/15



[Signature of Representative]

Michael D. Blinson

[Printed Name of Representative]

Senior Vice President/Corporate Secretary

[Printed Title of Representative]

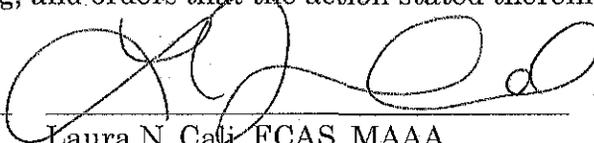
Transguard Insurance Company of America Inc.

FINAL ORDER

The director incorporates herein the above stipulation, adopts it as the director's final decision in this proceeding, and orders that the action stated therein be taken.

Dated

JUN 04 2015



Laura N. Cali, FCAS, MAAA

Insurance Commissioner and Chief Actuary

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