



**CONCLUSIONS OF LAW**

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B) by failing to file a monthly report electronically with the Insurance Commissioner.

**ORDER**

**IT IS THEREFORE ORDERED that Lawrana Jo Patterson is fined Two Hundred Fifty Dollars (\$250.00).**


Respondent is further notified that she may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and state the basis for requesting the hearing.

**If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order and the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 6<sup>th</sup> day of December, 2011.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
Michael P. Copeland  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 521-0125

**CERTIFICATE OF SERVICE**

I 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 certified, return receipt requested, on this 7<sup>th</sup> day of December, 2011, to:

Lawrana Jo Patterson  
320 N Broadway  
Shawnee, OK 74801



Michael P. Copeland

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

7001 0320 0004 4250 5162

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	
Sent To	Lawrana Jo Patterson
Street, Apt. No., or PO Box No.	320 N. Broadway
City, State, ZIP+	Shawnee, OK 74801
	sms/11-1123-DIS/Cond. Ord.

PS Form 3800, January 2001

See reverse for instructions

**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:

Lawrana Jo Patterson  
 320 N. Broadway  
 Shawnee, OK 74801  
 sms/11-1123-DIS/Cond. Ord.

2. Article Number

(Transfer from service label)

7001 0320 0004 4250 5162

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Thomas Kessinger*

- Agent
- Addressee

B. Received by (Printed Name)

*Thomas Kessinger*

C. Date of Delivery

*12-8-11*

D. Is delivery address different from item 1?  Yes  
 Enter delivery address below:  No

OKLAHOMA INSURANCE DEPARTMENT

DEC 12 2011

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes