

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

STATE OF OKLAHOMA, ex rel. JOHN)
D. DOAK, Insurance Commissioner,)
)
 Petitioner,)
)
v.)
)
DANIEL THURSTON OLIVER,)
)
)
 Respondent.)

FILED

MAR 04 2011

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 11-0240-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 his attorney, Julie Meaders, 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. Daniel Thurston Oliver is employed as client relations manager for Mutual Assurance Administrators, Inc. in Oklahoma City, Oklahoma. His producer license 121885 was suspended on September 30, 2010 for failure to meet continuing education requirements. His address of record is 3425 NW 69th Street, Oklahoma City, Ok 73116.

3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Producer Licensing Act and/or may levy a fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code, 36 O.S. § 1435.13(A) and (D).

ALLEGATIONS OF FACT

1. Respondent submitted an application to reinstate his producer license on February 22, 2011. The application stated under Respondent's employment history that he has been employed as client relations manager for Mutual Assurance Administrators, Inc. in Oklahoma City, Oklahoma since June 2008 to the present date.

2. Respondent declared under penalty of perjury that the statements made in the application were true and complete.

3. Oklahoma Insurance Department records reveal that Respondent was issued producer license 121885 in 1985. The license was suspended on September 30, 2010 for failure to meet continuing education requirements. Respondent became compliant with continuing education requirements on February 23, 2011.

4. Respondent was required to be licensed while employed as a client relations manager for Mutual Assurance Administrators in Oklahoma City, Oklahoma between September 30, 2010 and February 23, 2011.

CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 1435.4(A) in failing to maintain an active producer license while employed in an insurance-related business, thereby in violation of 36 O.S. § 1435.13(A)(2).

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 1435.13(A)(2) and as a result **Respondent is FINED** in the amount of **TWO HUNDRED AND FIFTY DOLLARS (\$250.00)**. **Fine to be paid within thirty**

(30) days of receipt of this Order. License will be reinstated upon payment of the fine.

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 Julie Meaders, Oklahoma Insurance Department, Legal Division, Post Office Box 53408, Oklahoma City, Oklahoma 73152-3408. 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 4th day of March, 2011.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders

Julie Meaders
Assistant General Counsel
P.O. Box 53408
Oklahoma City, Oklahoma 73152
Telephone: (405) 521-2746
Facsimile: (405) 522-0125

CERTIFICATE OF MAILING

I, Julie Meaders, 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 4th day of March, 2011 to:

Daniel Thurston Oliver
3425 NW 69th Street
Oklahoma City, OK 73116.

CERTIFIED MAIL NO: 7008 1830 0003 9410 8437

and that notification was sent to:

NAIC/RIRS

and that a copy was delivered to:

Leah Scoles
Producer Licensing Division

Julie Meaders
Julie Meaders

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

For delivery information visit our website at www.usps.com

7008 1830 0003 9410 8437

OFFICIAL USE

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



Daniel Thurston Over
3425 NW 69th Steet
Oklahoma City, OK 73116

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

11-0240-Dis/Jam (m)
Concy Admin. ord

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature
 X *Daniel Oliver* Agent Addressee

B. Received by (Printed Name) _____
 DEPARTMENT _____

C. Date of Delivery _____

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

RECEIVED
 MAR 11 2011
 Legal Division



1. Article Addressed to:
 Daniel Thurston Oliver
 3425 NW 69th Steet
 Oklahoma City, OK 73116

*11-0240-DIS/THM(mr)
 Genl. Adm. Dir*

3. 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) 7008 1830 0003 9410 8437