

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

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
 Petitioner,)
)
v.)
)
ASHLEY RAE LIGHTNER, a licensed)
nonresident producer,)
)
 Respondent.)

FILED

JUN 08 2011

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 11-0413-DIS

FINAL ADMINISTRATIVE ORDER

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. Respondent is licensed by the State of Oklahoma as a nonresident insurance producer holding license number 40044220. Her address of record is 8333 Lakeshore CI, #3618, Indianapolis, IN 46250.

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).

4. If the Insurance Commissioner finds that the public health, safety or welfare imperatively requires emergency action, and incorporates a finding to the effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. 75 O.S. §§ 314(C)(2), 314,1, OAC 365:1-7-9(a).

FINDINGS OF FACT

1. Respondent is licensed by the State of Oklahoma as a nonresident insurance producer holding license number 40044220. Respondent's address of record is 8333 Lakeshore Circle, Indianapolis, IN 46250.

2. The Oklahoma Insurance Department was notified that Respondent's nonresident producer license in the State of South Carolina was revoked on March 28, 2011 for failing to respond to letters of inquiry from the South Carolina Insurance Department. The letters of inquiry sought information regarding a complaint that Respondent forged a signature on an application and used a credit card without authorization.

3. A background check by the Oklahoma Insurance Department reflected that Respondent's nonresident license in Kentucky was also revoked on January 3, 2011 for failing to respond to a complaint investigation.

CONCLUSIONS OF LAW

1. Failing to respond to letters of inquiry from the South Carolina and Kentucky Insurance Departments is a violation of 36 O.S. § 1435.13(A)(2).

2. Revocation of Respondent's South Carolina and Kentucky producer licenses is a violation of 36 O.S. § 1435.13(A)(9).

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that the **Administrative Order of Suspension Instante** entered in this matter on May 4, 2011 is a **FINAL ADMINISTRATIVE ORDER**, that no hearing was requested and Respondent's license is hereby **REVOKED**.

WITNESS My Hand and Official Seal this 6th day of June, 2011.





PAUL WILKENING
DEPUTY INSURANCE COMMISSIONER
STATE OF OKLAHOMA

CERTIFICATE OF MAILING

I, Julie Meaders, hereby certify that a true and correct copy of the above and foregoing Final Administrative Order was mailed by certified mail with postage prepaid and return receipt requested on this 8th day of June 2011, to:

Ashley Rae Lightner
8333 Lakeshore Circle #3618
Indianapolis, IN 46250

CERTIFIED MAIL NO: 7008 1830 0003 9411 7750

and a copy was mailed to all appointing insurers/RIRS

and a copy was delivered to:

Leah Scoles
Licensing Division



JULIE MEADERS
ASSISTANT GENERAL COUNSEL

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

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

OFFICIAL USE

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Postage	\$	JUN 08 2011
Certified Fee		
Return Receipt Fee (Endorsement Required)		OKC OK 73105
Restricted Delivery Fee (Endorsement Required)		

Total Postage & **Ashley Rae Lightner**
Sent To **8333 Lakeshore Circle # 3018**
Indianapolis, IN 46250
Street, Apt. No.;
or PO Box No. _____
City, State, ZIP+4 **11-0413-DIS/JAM (mt)**
Final Order

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Ashley Rae Lightner
8333 Lakeshore Circle # 3018
Indianapolis, IN 46250

11-0413-DIS/JAM (mt)
Final Order

2. Article Number

(Transfer from service label)

7008 1830 0003 9411 7750

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

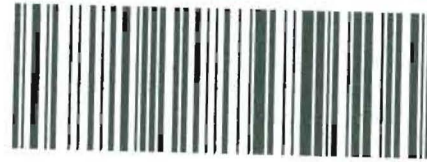
4. Restricted Delivery? (Extra Fee)

Yes



Oklahoma Insurance Department
 Legal Division
 5 Corporate Plaza
 3625 NW 56th Street, Suite 100
 Oklahoma City, OK 73112

CERTIFIED MAIL™



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 ZIP 73112 \$ 005.59
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 OKLAHOMA INSURANCE DEPARTMENT
 JUN 21 2011
 Legal Division

Amk
 Ashley Rae Lightner
 8333 Lakeshore Circle #3618
 Indianapolis, IN 46250

4625034824
 73112@4811

NIXIE 452 DE 1 00 06/15/11
 RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 BC: 73112431125 *0157-00754-08-40