

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

MAY 24 2011

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel.)
JOHN D. DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
MAYRA P. ESPINOZA,)
)
Respondent.)

Case No. 11-0423-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 AND AUTHORITY

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., including the Insurance Adjuster Licensing Act, 36 O.S. §§ 6201 et seq.

2. Mayra P. Espinoza is a Texas adjuster trainee with United Automobile Insurance Company. Her mailing address is 13100 Pandora Drive, Apt. 1903, Dallas, Texas 75238.

3. The Insurance Commissioner may censure, suspend, revoke or refuse to issue or renew an adjuster's license and or may levy a fine up to \$1,000.00 for each violation of the Oklahoma Insurance Code. 36 O.S. § 6219 and § 6220(A) and (B).

ALLEGATIONS OF FACT

1. The Oklahoma Insurance Department (“Department”) received a request for assistance from Charles Henderson on January 16, 2011. Mr. Henderson’s parked vehicle was damaged by another vehicle driven by Ranulfo Hernandez at 809 SE 42nd Street in Oklahoma City, Oklahoma. Mr. Henderson complained that he had made a claim for damages against the vehicle owner’s insurer, United Automobile Insurance Services, and the insurer denied coverage.

2. Mr. Henderson enclosed a United Automobile Insurance Services letter, dated January 11, 2011, with his request for assistance. The letter was sent by Mayra Espinoza to Henderson. The letter stated that coverage was denied because the driver was not listed on the declarations page as a covered driver. Mr. Henderson thereafter complained to the Department.

3. Carla Thomas, a property and casualty claims analyst at the Department, was assigned Henderson’s complaint. Thomas sent a letter of inquiry on behalf of Henderson to United Automobile Insurance Company dated January 26, 2011. Anthony Orsini, Compliance Coordinator with United Automobile Insurance, replied in a letter dated February 24, 2011. Mr. Orsini stated that through the scope of investigation the insurer had agreed to afford coverage for the loss.

4. Thomas inquired as to Espinoza’s claims handling in Oklahoma. Orsini replied in a letter dated March 15, 2011 that Mayra Espinoza handled three claims in Oklahoma. A routine review of the Department’s records revealed that Mayra Espinoza is licensed as an adjuster trainee in Texas but is not licensed as an adjuster in Oklahoma.

ALLEGED VIOLATIONS OF LAW

Respondent violated 36 O.S. § 6220(A)(9) by adjusting losses or negotiating claim settlements arising pursuant to insurance contracts on behalf of an insurer without proper licensing.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 6220(A)(9) and therefore **Respondent is FINED in the amount of THREE HUNDRED DOLLARS (\$300.00) payable within thirty (30) days of the date of mailing.**

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 of this Order. Such request for hearing, if desired, shall be made in writing, addressed to Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Street, Suite 100, Oklahoma City, Oklahoma 73112 and must be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on any such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 et seq.

WITNESS My Hand and Official Seal this 24th day of May, 2011.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders
JULIE MEADERS
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112
(405) 521-2746

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 via certified mail with postage prepaid and return receipt requested on this 24th day of May, 2011 to:

Mayra P. Espinoza
13100 Pandora Drive, Apt. 1903
Dallas, TX 75238

CERTIFIED MAIL NO: 7008 1830 0003 9411 8467

and that a copy was delivered to:

Leah Scoles
Producer Licensing Division

Jason Johnston
Consumer Assistance/Claims Division

Julie Meaders
Julie Meaders

7008 1830 0003 9411 8467

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

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OFFICE



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

Total Postage
Mayra P. Espinoza
13100 Pandora Drive, Apt. 1903
Dallas, TX 75238

Sent To
Street, Apt. No.,
or PO Box No. 11-0423-Dis/JAM 671
City, State, ZIP+4 cond Admin. ord



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



7008 1830 0003 9411 8467

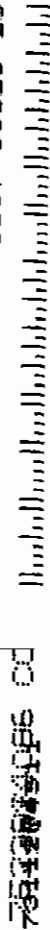
U.S. POSTAGE >> PITNEY BOWES
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Handwritten initials: L.S.

Mayra P. Espinoza
 13100 Pandora Drive, Apt. 1903

Da NIXIE 750 DE 1 00 06/30/11
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 73112451125 *0157-00920-25-41



PLACE STICKER 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 envelope, or on the front if space permits.

1. Article Addressed to:

Magyra P. Espinoza
13100 Pandora Drive, Apt. 1003
Dallas, TX 75238

JUL 06 2011

11-0423-Dis/John (m7)
Card Admin. 98.

TEXAS DEPARTMENT OF INSURANCE

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?

If YES, enter delivery address below: Yes
 No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number **7008 1830 0003 9411 8467**

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

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