

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

IN RE: APPLICATION FOR CONVERSION        )  
OF PREPAID FUNERAL BENEFIT TRUST        )  
ACCOUNTS OF PERMIT HOLDERS OWNED        ) Case No.11-0522-TRN  
BY PAXUS SERVICES (OKLAHOMA)            )  
TO INSURANCE FUNDED ACCOUNTS            )

**FILED**

APR 27 2011

INSURANCE COMMISSIONER  
OKLAHOMA

**ADMINISTRATIVE ORDER GRANTING CONVERSION  
OF PREPAID FUNERAL TRUST ACCOUNTS  
TO INSURANCE FUNDED BENEFITS**

The State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, hereby approves the conversion of the Prepaid Funeral Benefits Contracts of the prepaid funeral trust benefit Permit Holders associated with the Paxus Services (Oklahoma), and listed below, from trust funded to insurance funded, as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner for the State of Oklahoma and as such is charged with regulating and enforcing all provisions of the Oklahoma Insurance Code, Okla. Stat. tit. 36, §§ 101-7004, including the laws pertaining to regulation of prepaid funeral benefit trust funds and prepaid funeral benefits contracts: Okla. Stat. tit. 36, §§ 6121-6136.18.

2. The following entities owned by Paxus Services (Oklahoma) were issued Permits by the Oklahoma Insurance Department pursuant to Okla. Stat. tit. 36, § 6121 authorizing them to contract for prepaid funeral benefits and for the purpose of depositing contract proceeds in a trust fund pursuant to Okla. Stat. tit. 36, § 6125 and to act as trustees for individuals contracting to pre-pay Applicant for funeral merchandise and services:

1. Cooper-Althouse Funeral Home, Miami. OK, Permit No. 6406
2. Grace Memorial Chapel, Ponca City, OK Permit No. 6443
3. Heath-Griffith Funeral Home, Tulsa, OK Permit No. 6464
4. Hunsaker-Wooton Funeral Home, Fairfax, OK Permit No. 6519
5. Hutchins-Maples Funeral Home, Bristow, OK Permit No. 6473
6. Roberts/Reed-Culver Funeral Home, Stilwell, OK Permit No.6320
7. Roberts Funeral Home, Westville OK, Permit No. 6322

### **FINDINGS OF FACT**

1. Pursuant to Okla. Stat. tit. 36 § 6136.18, Applicant has properly filed with this Department on or about January 31, 2011 an Application for Conversion from prepaid funeral trust funds to insurance funded accounts issued by Funeral Directors Life Insurance Company with Oklahoma Certificate of Authority No. is 3180 (NAIC CoCodeNo is 99775).

2. The Insurance Commissioner of the State of Oklahoma believes that this conversion is proper and in the best interests of the prepaid funeral benefit contract holders question.

### **CONCLUSIONS OF LAW**

1. Pursuant to Okla. Stat. tit. 36 § 6136.18 and OAR 365:25-9-8, the Application of Paxus Services (Oklahoma) Prepaid Funeral Benefit Permit Holders for Conversion from prepaid funeral trust funds to insurance funded accounts issued by Funeral Directors Life Insurance Company is proper in form and content and contains the required Letters Requesting Approval of Trust Conversion; Written Commitment to Insurance Commissioner; Pre-Conversion Summary; Post-Conversion Summary; Samples of Letters to be Sent to Trust Clients; General Actuarial Statement; Specific Actuarial Statement; and Signature and Certification.

2. The Application for Conversion is in proper form and contains proper substance and should be approved.

**ORDER**

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that the Application of Paxus Services (Oklahoma) for Conversion from prepaid funeral trust funds to insurance funded accounts for the indicated Permit Holders issued by Funeral Directors Life Insurance Company is proper in form and content and is hereby approved.

IT IS FUTHER ORDERED that the Commissioner of Insurance retains jurisdiction over the subject matter of this proceeding and over the parties for the purpose of entering such further order or orders as may be deemed necessary and proper and overseeing the consummation of the process of conversion trust fund to insured accounts.

WITNESS MY HAND AND SEAL this 25<sup>th</sup> day of April, 2011.



  
PAUL WILKENING  
Deputy Commissioner of Administration  
Oklahoma Insurance Department

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing Administrative Order was mailed certified, return receipt requested on this 27<sup>th</sup> day of April, 2011 to:

Paxus Services (Oklahoma)  
Judy S. Schaefer, Vice President  
28720 IH 10 W Suite 510  
Boerne, Texas 78006-6532

Pat Baxter, Executive Vice President/Chief Operations Officer  
Funeral Directors Life Insurance Company  
6550 Directors Parkway  
Abilene, Texas 79606



---

KELLEY C. CALLAHAN  
Senior Attorney



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7008 1830 0003 9411 5275

Postage \$		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		
Sent To	Pat Baxter	
Street, Apt or PO Box	Executive Vice President/Chief Operations Officer Funeral Directors Life Insurance Company 6550 Directors Parkway	
City, State	Abilene, Texas 79606ams/11-0522-TRN/Admin Ord	

PS Form 3811, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Teresa Manotas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>5-2</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Pat Baxter                      Executive Vice President/Chief Operations Officer                      Funeral Directors Life Insurance Company                      6550 Directors Parkway                      Abilene, Texas 79606ams/11-0522-TRN/Admin Ord</p> </div>	<p>RECEIVED                  OKLAHOMA INSURANCE DEPARTMENT                  MAY 05 2011                  Legal Division</p>
<p>2. Article Number (Transfer from service label) <i>7008 1830 0003 9411 5275</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

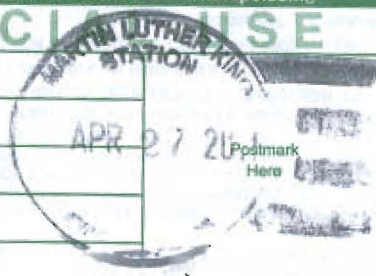
U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7008 1830 0003 9411 5268

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



Sent To: Paxus Services (Oklahoma)  
 Judy S. Schaefer, Vice President  
 Street, Apt. or PO Box: 28720 IH 10 W Suite 510  
 City, State: Boerne, Texas 78006-6532  
 sms/11-0522-TRN/Admin Ord

PS Form 3811, August 2004 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:

Paxus Services (Oklahoma)  
 Judy S. Schaefer, Vice President  
 28720 IH 10 W Suite 510  
 Boerne, Texas 78006-6532  
 sms/11-0522-TRN/Admin Ord

2. Article Number  
 (Transfer from service label)

7008 1830 0003 9411 5268

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  
 Sigite Taylor

C. Date of Delivery  
 5/9/11

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 MAY 12 2011

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes