

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

STATE OF OKLAHOMA, ex rel. JOHN)
D. DOAK, Insurance Commissioner,)
)
Petitioner,)
v.)
)
LEHMAN FUNERAL HOME, INC.)
Prepaid Funeral Services Permit #10008743,)
)
Respondent.)

Case No. 11-0573-DIS

FILED

MAY 18 2011

NOTICE OF RIGHT TO HEARING WITH CONDITIONAL ORDER OF DISCIPLINARY ACTION

The State of Oklahoma, ex rel., John D. Doak, Insurance Commissioner, 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 Prepaid Funeral Benefits Act: 36 O.S. §§ 6121-6136.18.

2. The Respondent Lehman Funeral Home, Inc. ("Respondent") is a permitted provider of Prepaid Funeral Benefit Contracts in the State of Oklahoma and holds Permit Number 10008743.

3. The Insurance Commissioner may censure, suspend, or revoke a prepaid funeral permit or impose a fine in the amount of \$100 to \$1,000, or impose both such punishment and fine, for violating any provision of the Prepaid Funeral Benefits Act. See 36 O.S. § 6130 (B).

FINDINGS OF FACT

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 Prepaid Funeral Benefits Act, 36 O.S. §§ 6121-6136.18.

2. Respondent is a permitted provider of Prepaid Funeral Benefits in the state of Oklahoma pursuant to 36 O.S. § 6121 and 36 O.S. § 6124, holding Permit Number 10008743.

3. Respondent failed to submit its Annual Report by March 15, 2010 as required by 36 O.S. § 6128.

4. The Oklahoma Insurance Department did not receive Respondent's Annual Report until March 25, 2010.

CONCLUSIONS OF LAW

1. Respondent failed to submit its Annual Report in a timely fashion and submitted its Annual Report late in violation of 36 O.S. § 6128.

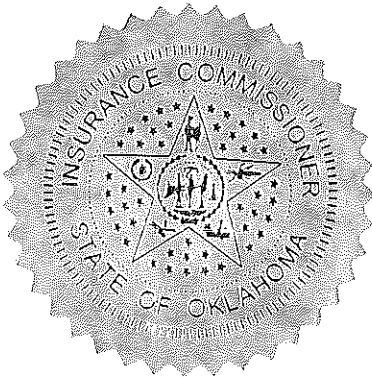
2. The Insurance Commissioner may censure, suspend, or revoke a prepaid funeral permit or impose a fine in the amount of \$100 to \$1,000, or impose both such punishment and fine, for violating any provision of the Prepaid Funeral Benefits Act. *See* 36 O.S. § 6130 (B).

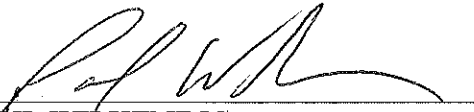
ORDER

IT IS THEREFORE ORDERED that the Lehman Funeral Home, Inc. is assessed a civil penalty by the Oklahoma Insurance Commissioner in the amount of One Hundred Dollars (\$100.00). The Oklahoma Funeral Board may be informed of such violations if they continue to occur in the future.

IT IS FURTHER ORDERED that the above civil penalty ordered shall become immediately effective unless within thirty (30) days from receipt of this Conditional Order the Company requests in writing a hearing on the issuance of said civil penalty. If no hearing is requested, the issuance of the civil penalty shall become effective and payment shall be due by the Company at the end of said thirty (30) day period without further action by the Oklahoma Insurance Department. Any request for hearing should be directed to Kelley Callahan, Senior Attorney, Oklahoma Insurance Department, Five Corporate Plaza, 3625 N.W. 56th, Suite 100, Oklahoma City, Oklahoma, 73112.

WITNESS My Hand and Official Seal this 18th day of May, 2011.






PAUL WILKENING
Deputy Insurance Commissioner of Administration
Oklahoma Insurance Department

CERTIFICATE OF MAILING

I, Kelley C. Callahan, hereby certify that a true and correct copy of the attached Notice of Right to Hearing with Conditional Order of Disciplinary Action was mailed certified mail, return receipt requested on the 18th day of May, 2011 to:

Lehman Funeral Home, Inc.
ATTN: Mr. Todd Lehman, FDIC
3334501 E Hwy 66
Wellston, OK 74881

Certified Mail No.
7001 0320 0004 2106 2440



KELLEY C. CALLAHAN
Senior Attorney

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:

Lehman Funeral Home, Inc.
 ATTN: Mr. Todd Lehman, FDIC
 3334501 E Hwy 66
 Wellston, OK 74881
 sms/11-0571-DIS/Cens ltr
 0573-Dis

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Todd Lehman*
 B. Received by (Printed Name) *Todd Lehman*
 C. Date of Delivery *MAY 18 2011*

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

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)

7001 0320 0004 2106 2440

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

7001 0320 0004 2106 2440

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



Sent To: **Lehman Funeral Home, Inc.**
ATTN: Mr. Todd Lehman, FDIC
 Street, Apt. No. or PO Box No.: **3334501 E Hwy 66**
 City, State, ZIP: **Wellston, OK 74881**
sms/11-0571-DIS/Cens ltr

PS Form 3800, January 2001

See Reverse for Instructions