

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

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
)  
)  
Petitioner, )  
)  
vs. )  
)  
)  
KNIGHT MANAGEMENT INSURANCE )  
SERVICES, LLC, a non-resident producer firm in )  
the State of Oklahoma, )  
)  
Respondent. )

**FILED**

JUN 01 2011

**INSURANCE COMMISSIONER  
OKLAHOMA**

CASE NO. 11-0610-DIS

**CONDITIONAL ADMINISTRATIVE ORDER  
AND NOTICE OF RIGHT TO BE HEARD**

THE STATE OF OKLAHOMA, ex rel., John D. Doak, Insurance Commissioner, by and through counsel and alleges and states as follows:

**JURISDICTION**

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. §§ 101-7004.

2. Respondent Knight Management Insurance Services, LLC (“Knight Management”) is a non-resident producer firm holding Oklahoma certificate of authority number 15326.

**FINDINGS**

1. On or about April 7th, 2011, an inquiry regarding a claim which arose under an insurance contract was forwarded by the Oklahoma Insurance Department to Respondents.

2. The thirtieth (30<sup>th</sup>) day after the date of the inquiry was May 7th, 2011.

### CONCLUSIONS

The allegations are found to be true and correct and Respondent has violated 36 O.S. § 1250.4(B) by failing to furnish an adequate response to an inquiry from the Commissioner within thirty (30) days from the date of the inquiry.

### ORDER

**IT IS THEREFORE ORDERED that Knight Management Insurance Services, LLC, is fined in the amount of Five Hundred Dollars (\$500.00). The fine is to be submitted to the Oklahoma Insurance Department within thirty (30) days of the date of this Order.**

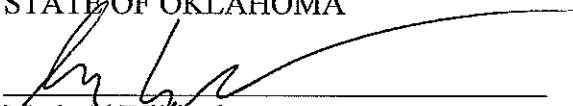
Respondent is further notified that it may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Mark A. Willingham, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and state the basis for requesting the hearing.

If Respondent does not request a hearing within the 30 days allotted this Order shall be a **FINAL ORDER** on the 31<sup>st</sup> day following the receipt of the Order.

WITNESS My Hand and Official Seal this 19<sup>th</sup> day of June, 2011.



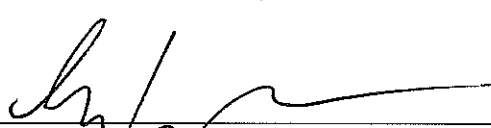
JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
Mark A. Wiltingham  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
(405) 521-3998

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing Order was mailed certified, return receipt requested on this 19<sup>th</sup> day of June, 2011, to:

Knight Management Insurance Services, LLC  
4751 Wilshire Blvd.  
Suite 111  
Los Angeles, CA 90010

  
\_\_\_\_\_  
Mark A. Wiltingham

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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 Knight Management Ins Svcs, LLC  
 4751 Wilshire Blvd.  
 Suite 111  
 Los Angeles, CA 90010  
 sms/11-0610-DIS/Cond. Ord.

PS Form 3800, 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>XABM</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Melissa Martinez</i></p> <p>C. Date of Delivery  <i>6/6/06 11</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> <p><b>RECEIVED</b>  <b>OKLAHOMA INSURANCE DEPARTMENT</b>  <b>JUN 10 2011</b>  <b>Legal Division</b></p> <p>Knight Management Ins Svcs, LLC        4751 Wilshire Blvd.        Suite 111        Los Angeles, CA 90010        sms/11-0610-DIS/Cond. Ord.</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>
<p>2. Article Number        (Transfer from service label)</p>	<p>7008 1830 0003 9411 4674</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540