

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

STATE OF OKLAHOMA, ex rel. JOHN )  
D. DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
v. )  
 )  
STANTON A. RICE FUNERAL )  
HOME, LLC. )  
 )  
Prepaid Funeral Services Permit 10009827, )  
 )  
 )  
Respondent. )

Case No. 11-0633-DIS

**FILED**  
JUN 13 2011  
INSURANCE COMMISSIONER  
OKLAHOMA

**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:

**JURSDICTION 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 Stanton A. Rice Funeral Home, LLC ("Respondent") is a permitted provider of Prepaid Funeral Benefit Contracts in the State of Oklahoma and holds Permit Number 10009827.

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 10009827.

3. Respondent failed to submit its Annual Report by March 15, 2011, as required by 36 O.S. §6128.

4. The Oklahoma Insurance Department did not receive Respondent's Annual Report until April 6, 2011 (postmark date).

### **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). Additionally, the Oklahoma Funeral Board may be informed of any future violation.

**ORDER**

**IT IS THEREFORE ORDERED** that the Respondent is assessed a civil penalty by the Oklahoma Insurance Commissioner in the amount of One Hundred Dollars (\$100.00).

**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. 56<sup>th</sup>, Suite 100, Oklahoma City, Oklahoma, 73112.

WITNESS My Hand and Official Seal this 10<sup>th</sup> day of June, 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 13<sup>th</sup> day of June, 2011 to:

Stanton A. Rice Funeral Home, LLC  
ATTN: Mr. Stanton Rice, FDIC  
P.O. Box 74  
Watonga, OK 73772



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KELLEY C. CALLAHAN  
Senior Attorney

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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DKC OK 73108

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

Sent To: Stanton A. Rice Funeral Home, LLC  
 ATTN: Mr. Stanton Rice, FDIC  
 P.O. Box 74  
 Watonga, OK 73772  
 sms/11-0637-DIS/Notice

PS Form 3800, August 2009

7008 1830 0003 9411 4520

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"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>STANTON RICE 6-17-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Stanton A. Rice Funeral Home, LLC            ATTN: Mr. Stanton Rice, FDIC            P.O. Box 74            Watonga, OK 73772            sms/11-0637-DIS/Notice</p> </div>	<p>RECEIVED            OKLAHOMA INSURANCE DEPARTMENT            JUN 21 2011            Legal Division</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>3. Service Type</p> <p><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>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>

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