BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

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| STATE OF OKLAHOMA, ex rel. JOHN D. |) FILED |
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| DOAK, Insurance Commissioner, |)))) JUL 15 2011 |
| Petitioner, v. |) INSURANCE COMMISSIONER |
| |) Case No. 11-0709-DIS |
| HERITAGE FUNERAL HOME & |) |
| CREMATION SERVICES, LLC |) |
| |) |
| D |) |
| Respondent. |) |
| |) |
| |) |
| Prepaid Funeral Services Permit 10005088 |) |

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.
- The Respondent Heritage Funeral Home & Cremation Services, LLC ("Respondent") is a permitted provider of Prepaid Funeral Benefit Contracts in the State of Oklahoma and holds Permit Number 10005088.
- 3. The Insurance Commissioner may suspend or revoke a prepaid funeral permit or impose a fine in the amount of from \$100 to \$1,000 -- or impose both such disciplinary

actions -- if a permit holder violates 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 10005088.
- 3. Respondent failed to submit its Annual Report covering operations in 2010 by March 15, 2011, as required by 36 O.S. §6128. This Annual Report should contain at this juncture the actual printout/listings from the insurance company for which the Respondent holds assignments related to prepaid funeral benefits.
- 4. The Insurance Commissioner may suspend or revoke a prepaid funeral permit or impose a fine in the amount of from \$100 to \$1,000 -- or impose both such disciplinary actions -- if a permit holder violates any provision of the Prepaid Funeral Benefits Act. *See* 36 O.S. § 6130 (B).

CONCLUSIONS OF LAW

1. Respondent failed to submit its Annual Report due March 15, 2011 covering operations in 2010 in a timely fashion despite a specific request by the Insurance Commissioner for the same, thus violating 36 O.S. § 6128. This Annual Report should contain at this juncture the actual printout/listings from the insurance company for which the Respondent holds assignments related to prepaid funeral benefits.

2. The Insurance Commissioner may suspend or revoke a prepaid funeral permit or impose a fine in the amount of from \$100 to \$1,000 -- or impose both such disciplinary actions -- if a permit holder violates any provision of the Prepaid Funeral Benefits Act. See 36 O.S. § 6130 (B).

CONDITIONAL ORDER

IT IS THEREFORE ORDERED that the Respondent shall be assessed a civil penalty by the Oklahoma Insurance Commissioner in the amount of One Thousand Dollars (\$1,000.00) and that its Prepaid Funeral Benefits Permit shall be suspended under the conditions described and orders entered below. The reason for this action is Respondent failed to submit its Annual Report covering operations in 2010 by March 15, 2011, as required by 36 O.S. §6128. This Annual Report should contain at this juncture the actual printout/listings from the insurance company for which the Respondent holds assignments related to prepaid funeral benefits.

IT IS FURTHER ORDERED that the above disciplinary actions 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 and permit suspension. If no hearing is requested, the issuance of the civil penalty and permit suspension 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 27 day of July, 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 day of July, 2011 to:

Heritage Funeral Home & Cremation Services, LLC ATTN: Mr. Christopher Harrison, FDIC 1300 North Lottie Avenue Oklahoma City, OK 73117

Oklahoma Funeral Board ATTN: Chris Ferguson, Deputy Director 4545 North Lincoln, Suite 175 Oklahoma City, OK 73105

KELLEY C. CALLAHAN

Senior Attorney

| 93 | U.S. Postal Service Mail RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | |
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| 97 | For delivery information visit our website at www.usps.com | | |
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| 1830 0003 | Certified Fee Resturn Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Pc | | |
| 7008 | Sent To Heritage Funeral Home & Cremation Services, U.C. ATTN: Mr. Christopher Harrison, FDIC Sincet, Ap. or PO Box Oklahama City, OK 73:117 sms/11-0709-DIS/Notice of Right | | |
| _ | PS Form 3800, August 2006 See Reverse for Instructions | | |

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| PS Form 3500, Au | gust 2006 | See Reverse for Instructions | |
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| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| Complete items 1, 2, and 3. item 4 if Restricted Delivery if the print your name and address so that we can return the call attach this card to the back or on the front if space perm | is desired. Is on the reverse Ird to you. If the mailpiece, | B. Received by (Printed Name) ARTHUR HAVISON D. Is delivery address different from ite | Agent Addressee C. Date of Delivery |
| Henrage Funeral Home & Cremar ATTN: Mr. Christophes L. | OKLAHOMA INSURANCE | If YES, enter delivery address belo DEPAKTIME. | w: 🗆 No |
| ATTN: Mr. Christopher Harrison, FbIC 1300 North Lattie Avenue Cklahoma Cirv. OK 73117 sms/11-0709-DIS/Natice of Right | | Contineo Mail Lipress Mis | ail eipt for Merchandise |
| | | 4. Restricted Delivery? (Extra Fee) | ☐ Yes |
| Article Number (Transfer from service label) | 7008 1830 | 0003 9410 9793 | |
| PS Form 3811, February 2004 | Domestic Reti | urn Receipt | 102595-02-1/-15-4 |