



**CONCLUSIONS OF LAW**

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B) by failing to file a monthly report electronically with the Insurance Commissioner.

**ORDER**

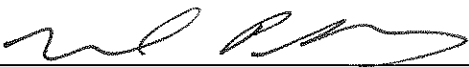
**IT IS THEREFORE ORDERED that Roger Oscar Duncan II is fined Two Hundred Fifty Dollars (\$250.00).**

Respondent is further notified that he may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Michael P. Copeland, 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 become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order and the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 15<sup>th</sup> day of December, 2011.

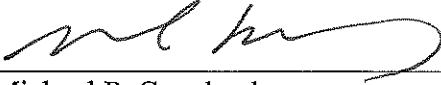
JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

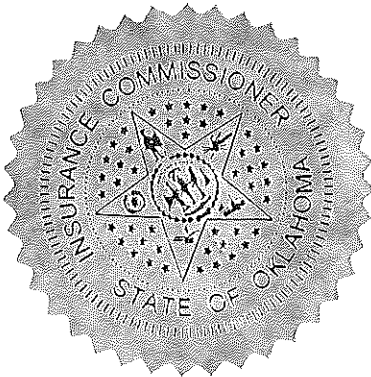
  
\_\_\_\_\_  
Michael P. Copeland  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 521-0125

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 19 day of December, 2011, to:

Roger Oscar Duncan II  
1106 N Caddo St.  
Weatherford, OK 73096

  
\_\_\_\_\_  
Michael P. Copeland



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

**OFFICIAL USE**

7001 0320 0004 2106 4680

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Sent To: Roger Oscar Duncan II  
 1106 N Caddo Street  
 Weatherford, OK. 73096  
 11-1141-DIS Cond Admin KH

Postmark Here: DEC 14 2011

PS Form 3800, January 2001

**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:

Roger Oscar Duncan II  
 1106 N Caddo Street  
 Weatherford, OK. 73096  
 11-1141-DIS Cond Admin KH

2. Article Number  
 (Transfer from service label)

7001 0320 0004 2106 4680

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 ROGER DUNCAN 12/21/11

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT

DEC 23 2011

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

4. Restricted Delivery? (Extra Fee)  Yes