



**ORDER**

**IT IS THEREFORE ORDERED that Marion Randall Lewis, Jr. is hereby censured.**

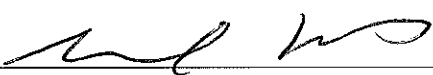
Respondent is further notified that he may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112, and shall provide explanation for Respondent's actions alleged herein and any defenses thereto.

**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 Respondent shall be censured.**

WITNESS My Hand and Official Seal this 31<sup>st</sup> day of February, 2012.

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 16<sup>th</sup> day of February, 2012, to:

Marion Randall Lewis, Jr.  
209 W. Grand Avenue  
Frederick, OK 73542-5229

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

7006 2760 0005 6605 5423

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$		Postmark Here
Certified Fee		
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Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To	Marion Randall Lewis, Jr.
Street, Apt. No. or PO Box No	209 W. Grand Ave.
City, State, Zip	Frederick, Ok 73542-5229
	sms/12-0106-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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Doris Lewis</i></p> <p>B. Received by (Printed Name) <i>Doris Lewis</i></p> <p>C. Date of Delivery <i>2-17-12</i></p> <p>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> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>Marion Randall Lewis, Jr. 209 W. Grand Ave. Frederick, Ok 73542-5229 sms/12-0106-DIS/Cond. Ord.</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT FEB 22 2012 Legal Division</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 2760 0005 6605 5423</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>