

Brought Forward of \$331,197.00.

3. On January 27, 2012, Oklahoma Insurance Department (“Department”) staff sent an email to Respondent, at her email address of record, informing her of the discrepancy between her September 2011 and October 2011 reports, and instructing her to submit an amended October 2011 report no later than February 1, 2012. Respondent did not respond this email.

4. On January 30, Department staff spoke with a staff member at Respondent’s office, who informed Department staff that an amended report would be submitted immediately.

5. As of the date of the Conditional Order, Respondent has not amended her inaccurate October 2011 report.

CONCLUSIONS OF LAW

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1310(A)(23) by filing a materially untrue monthly report. Under 59 O.S. § 1310(B), any person violating this provision may be subject to a civil penalty ranging from \$250 to \$2,500.

ORDER

IT IS THEREFORE ORDERED that Patricia Thatcher is fined Two Hundred Fifty Dollars (\$250.00). Respondent is further ordered to submit an amended monthly report to cure all outstanding inaccurate reports. Failure to bring all monthly reports up-to-date shall result in further administrative action.

Respondent is further notified that she 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 56th

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 31st day following the receipt of the Order and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 12th day of March, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

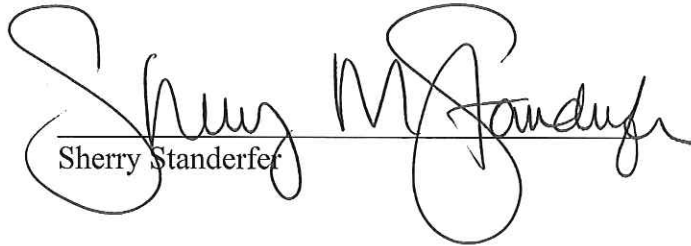
A handwritten signature in black ink, appearing to read "Michael P. Copeland", written over a horizontal line.

Michael P. Copeland
Assistant General Counsel
3625 NW 56th 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 12th day of March, 2012, to:

Patricia Thatcher
1209 S. Main Street
Stillwater, OK 74074-5846

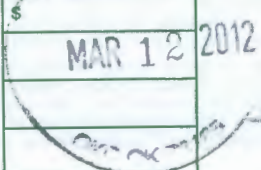

Sherry Standerfer

7006 2760 0005 6605 5102

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Sent To	Patricia Thatcher
Street, Apt. No. or PO Box No.	1209 S. Main Street
City, State, ZIP	Stillwater, Ok 74074-5846
	sms/12-0157-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"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Patricia Thatcher</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Patricia Thatcher</i></p> <p>C. Date of Delivery <i>3/14/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: RECEIVED MAR 14 2012 OKLAHOMA INSURANCE DEPARTMENT MAR 16 2012</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Patricia Thatcher 1209 S. Main Street Stillwater, Ok 74074-5846 sms/12-0157-DIS/Cond. Ord. </div>	<p>3. Service Type Legal Division</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 2760 0005 6605 5102</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	