

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

FILED
APR 26 2012
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
)	
vs.)	CASE NO. 12-0364-DIS
)	
JIM STOUT, a licensed producer in the State of Oklahoma,)	
)	
Respondent.)	
)	

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel., John D. Doak, Insurance Commissioner,
by and through counsel and alleges and states as follows:

JURISDICTION

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. §§ 101-7004.
2. Respondent Jim Stout ("Respondent") is a licensed producer in the State of Oklahoma holding license number 74235.

FINDINGS

1. On or about December 8th, 2011, an inquiry regarding a claim which arose under an insurance contract was forwarded by the Oklahoma Insurance Department to Respondent.
2. The thirtieth (30th) day after the date of the inquiry was January 7th, 2012.

3. Respondent could not respond to the inquiry because the address on file had not been kept current by Respondent.

4. As of the date of this Order Respondent has provided a response to the inquiry and updated his address.

CONCLUSION

The allegations are found to be true and correct and Respondent has violated 36 O.S. § 1250.4(B) and 36 O.S. §1435.8(F) by failing to furnish an adequate response to an inquiry from the Commissioner within thirty (30) days from the date of the inquiry and failing to keep a current address on file with the Department.

ORDER

IT IS THEREFORE ORDERED that Respondent is fined in the amount of Five Hundred Dollars (\$500.00) for statutory violations. The fine is to be submitted to the Oklahoma Insurance Department within thirty (30) days of the date of this Order.

Respondent is further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Mark A. Willingham, Oklahoma Insurance Department, Legal Division, 3625 NW 56th 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 be a **FINAL ORDER** on the 31st day following the receipt of the Order.

WITNESS My Hand and Official Seal this 26th day of April, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Mark A. Willingham", written over a horizontal line.

Mark A. Willingham, OBA #22769
Assistant General Counsel
Oklahoma Insurance Department
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Mark.Willingham@oid.ok.gov
Ph: (405) 521-2746
Fax: (405) 522-0125

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing Order was mailed certified, return receipt requested on this 26th day of April, 2012, to:

Jim Stout
Stout & Associates Insurance
5065 S. Yale Ave.
Tulsa, OK 74135

CERTIFIED MAIL NO:
7006 2760 0005 6606 3718



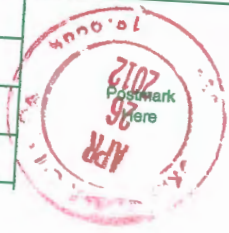
Mark A. Willingham

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Total Postage: **Jim Stout**
Stout & Associates Insurance
 5065 S. Yale Ave.
 Tulsa, OK 74135

Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, ZIP
12-0364-DIS/MAW(mt)Con.Adm.Ord.

PS Form 3800, August 2006

See Reverse for Instructions

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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:

Jim Stout
Stout & Associates Insurance
 5065 S. Yale Ave.
 Tulsa, OK 74135
12-0364-DIS/MAW(mt)Con.Adm.Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent
 Addressee
 B. Received by (Printed Name)
 C. Date of Delivery **4-27**

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

OKLAHOMA INSURANCE DEPARTMENT
 RECEIVED
MAY 01 2012

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 Certified Mail Express Mail
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4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

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PS Form 3811, February 2004

Domestic Return Receipt

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