

INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 12-0607-DIS

3. Respondent submitted an insufficient EFT for fees owed on the Allegheny report in

the amount of \$3.00.

4. Respondent submitted an insufficient EFT for fees owed on the Cash report in the amount of \$3.00.

5. On June 7, 2012, Department staff sent Respondent a letter by certified mail, informing him of the insufficient EFTs and instructing him to replace the funds, along with a \$25 service fee for each EFT, within five days of receipt of the letter. The total amount owed to the Department is \$140.44.

6. The letter was returned to the Department marked "Not Deliverable As Addressed." Respondent has a significant history of not retrieving his mail and failing to respond to properly mailed notifications from the Department. Additionally, Respondent regularly submits insufficient funds to the Department.

7. As of the date of this Order, Respondent has not replaced the funds, nor has he responded to Department staff.

8. Respondent's license is currently suspended for identical violations from previous months.

#### **CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(21) by failing to respond to a properly mailed notification within a reasonable amount of time.

2. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

#### **ORDER**

**IT IS THEREFORE ORDERED that Quenzell Allen is CENSURED and FINED Two**

**Hundred Fifty Dollars (\$250.00), due and payable to the Insurance Department.**


**IT IS FURTHER ORDERED** that Quenzell Allen shall pay the full amount of his reviewal fees and service fees owed for the above listed reports in the amount of \$140.44 within 30 days of receipt of this Order. Failure to do so shall result in the **SUSPENSION** of Quenzell Allen's license on the thirty-first (31<sup>st</sup>) day following receipt of this Order or the proper mailing of this Order if no receipt is made.

Respondent is 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 William G. "Buddy" Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described 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.

WITNESS My Hand and Official Seal this 29<sup>th</sup> day of June, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA


  
\_\_\_\_\_  
William G. "Buddy" Combs  
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 MAILING

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 29<sup>th</sup> day of June, 2012, to:


Quenzell Allen  
100 E. 13<sup>th</sup> St., Suite 209  
Ada, OK 74820-6548

Quenzell Allen  
507 N. Fern Ave.  
Wynnewood, OK 73098-2000

  
\_\_\_\_\_  
William G. "Buddy" Combs

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

**Total Postage**

Sent To

Street, Apt. No.  
or PO Box No.  
City, State, ZIP

Quenzell Allen  
100 E. 13th Street, Suite 209  
Ada, Ok 74820-6548  
sms/12-0607-DIS/Cond. Ord.

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0004 4250 3410



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**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:

Quenzell Allen  
100 E. 13th Street, Suite 209  
Ada, Ok 74820-6548  
sms/12-0607-DIS/Cond. Ord.

2. Article Number  
(Transfer from service label)

7001 0320 0004 4250 3410

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

DEPARTMENT

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

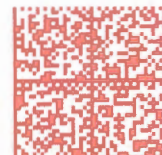


Oklahoma Insurance Department  
5 Corporate Plaza  
3625 NW 56th Street, Suite 100  
Oklahoma City, OK 73112-4511

**CERTIFIED MAIL**



7001 0320 0004 4250 3410



U.S. POSTAGE >> PITNEY BOWES



ZIP 73112 \$ 005.75<sup>0</sup>  
02 1W  
0001363374 JUN 29 2012



Quenzell Allen  
100 E. 13th Street, Suite 209  
Ada, Ok 74820-6548

RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT

CN JUL 20 2012

CI Legal Division

NIXIE 731 SE 1 00 07/18/12  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 73112451125 \*0757-18807-29-38

748206548





U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total Po

Quenzell Allen

507 N. Fern Ave.

Wynnewood, Ok 73098-2000

sms/12-0607-DIS/Cond. Ord.

Sent To

Street, Apt  
or PO Box

City, State



PS Form 3811, February 2004

Reverse for Instructions

7001 0320 0004 4250 3427

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**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:

Quenzell Allen  
507 N. Fern Ave.  
Wynnewood, Ok 73098-2000  
sms/12-0607-DIS/Cond. Ord.

2. Article Number

(Transfer from service label)

7001 0320 0004 4250 3427

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

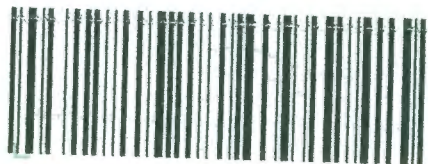




Oklahoma Insurance Department  
5 Corporate Plaza  
3625 NW 56th Street, Suite 100  
Oklahoma City, OK 73112-4511

RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT  
JUL 05 2012  
Legal Division

**CERTIFIED MAIL**

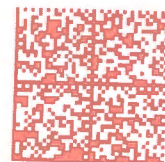


7001 0320 0004 4250 3427



Quenzell Allen  
507 N. Fern Ave.  
Wynnewood, Ok 73098 2000

73112@4511



U.S. POSTAGE >> FITNEY BOWES



ZIP 73112 \$ 005.75<sup>0</sup>  
02 1W  
0001363374 JUN 29 2012

NIXIE

731 SE 1

00 07/02/12

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 73112451125

\*0757-18249-29-38

