

3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

ORDER

IT IS THEREFORE ORDERED that Christopher Collier 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 Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., 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 31st day following the receipt of the Order, and the fine ordered herein shall be due.

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



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746

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 26th day of September, 2012, to:

Christopher Collier
P.O. Box 12351
Oklahoma City, OK 73157-2351



William G. "Buddy" Combs

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

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

OFFICIAL USE

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature

X

B. Received by (Printed Name) C. Date

D. Is delivery address different from item 1? If YES, enter delivery address below:

1. Article Addressed to:

Christopher Collier
P.O. Box 12351
OKC, OK 73157-2351
sms/12-0864-DIS/Cond. Ord.

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 0320 0003 9967 8575

7001 0320 0003 9967 8575

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+4



Christopher Collier
P.O. Box 12351
OKC, OK 73157-2351
sms/12-0864-DIS/Cond. Ord.

PS Form 3811, February 2004

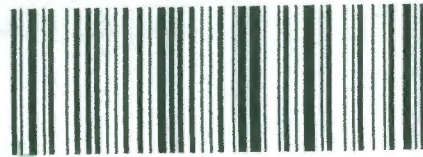
Domestic Return Receipt

102595-02-M-1540

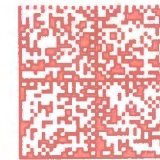


Insurance Commissioner
 Oklahoma Insurance Department
 5 Corporate Plaza
 3625 N.W. 56th St., Ste. #100
 Oklahoma City, OK 73112-4511

CERTIFIED MAIL



7001 0320 0003 9967 8575



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Christopher Collier
 P.O. Box 12351
 OKC, OK 73157-2351

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

OCT 22 2012

Legal Division

NIXIE 731 DEPT 00 10/18/12
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 OCT 73112451125 73157-00910-26-37

73112@4511



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