

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
OCT 18 2012  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN )  
D. DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
VALLEY LAND TITLE COMPANY, )  
a licensed producer, )  
 )  
Respondent. )

Case No. 12-0934-DIS

**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 his attorney, Julie Meaders, and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq.

2. Valley Land Title Company is an Oklahoma title producer holding title producer license 100104076 which became inactive on December 31, 2010 for failing to renew. Its address of record is 100 N. Oak, Sallisaw, Oklahoma 74955.

3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Producer Licensing Act and/or may levy a fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code, 36 O.S. § 1435.13(A) and (D).

### ALLEGATIONS OF FACT

1. Respondent Valley Land Title Company has been a licensed title agency since December 8, 1988. Its license lapsed on December 31, 2010 for failure to renew. It submitted an application to reinstate its lapsed producer license on October 12, 2012.

2. This was subsequent to an email exchange between Sarah Craighead of Valley Land Title and Angel Henline in the Licensing Division of the Oklahoma Insurance Department. Henline advised Craighead that the business entity's title license had been inactive since December 2010 and that a new application was required to be submitted due to the length of time the business entity was inactive.

3. Respondent was required to maintain an active title producer license between December 2010 and the present date.

### CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 1435.4(A) in failing to maintain an active business entity producer license; thereby in violation of 36 O.S. § 1435.13(A)(2).

### ORDER

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 1435.13(A)(2) and as a result **Respondent is FINED** in the amount of **FIVE HUNDRED DOLLARS (\$500.00)**. **Fine to be paid within thirty (30) days of receipt of this Order.** License will be reinstated upon payment of the fine.

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of

mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Street, Suite 100 Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 10<sup>th</sup> day of October, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

*Julie Meaders*

Julie Meaders  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, OK 73112  
Telephone: (405) 521-2746  
Facsimile: (405) 522-0125

**CERTIFICATE OF MAILING**

I, Julie Meaders, 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 by certified mail with postage prepaid and return receipt requested on this 18<sup>th</sup> day of October, 2012 to:

Valley Land Title Company  
100 N. Oak  
Sallisaw, Oklahoma 74955

**CERTIFIED MAIL NO: 7006 2760 0005 6605 6895**

and that notification was sent to:

NAIC/RIRS

and that a copy was delivered to:

Licensing Division

  
\_\_\_\_\_  
Julie Meaders

7006 2760 0005 6605 6895

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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Total Postage & Fees: **Valley Land Title Company**  
**100 N. Oak**  
**Sallisaw, Oklahoma 74955**

Sent To: **12-0934-DIS/JAM(mt)Con.Adm.Ord.**

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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 checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p><b>Valley Land Title Company</b>  <b>100 N. Oak</b>  <b>Sallisaw, Oklahoma 74955</b>  <b>12-0934-DIS/JAM(mt)Con.Adm.Ord.</b></p>	<p>RECEIVED          OKLAHOMA INSURANCE DEPARTMENT          OCT 26 2012          Legal Division</p>
<p>2. Article Number          (Transfer from service label)</p> <p>7006 2760 0005 6605 6895</p>	<p>3. Service Type  <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>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt    102595-02-M-1540</p>