

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
JAN 29 2013  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN )  
D. DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
MARA E LYN WARNER, )  
 )  
Respondent. )

Case No. 13-0017-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. Mara e Lyn Warner is employed as a customer service representative (CSR) for Rich & Cartmill in Oklahoma City, Oklahoma. Her CSR license 83034 was suspended on March 31, 2009 for failure to meet continuing education requirements. Her address of record is 3800 N. Classen, Suite 210, Oklahoma City, OK 73118.

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 submitted an application to reinstate her CSR license on January 8, 2013. The application stated under Respondent's employment history that she has been employed as a CSR for Rich & Cartmill in Oklahoma City from July 2002 to the present date.

2. Respondent declared under penalty of perjury that the statements made in the application were true, correct and complete.

3. Oklahoma Insurance Department records reveal that Respondent was issued CSR license 83034 on March 18, 2003. The license was suspended on March 31, 2009 for failure to meet continuing education requirements.

4. Respondent continued her employment as a CSR at Rich & Cartmill while unlicensed from April 1, 2009 to the present date.

5. Respondent was required to be licensed while employed as an insurance CSR for Rich & Cartmill from April 1, 2009 to the present date.

### CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 1435.13(A)(2) in failing to maintain an active CSR license while employed in an insurance-related business.

### 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 29<sup>th</sup> day of January, 2013.



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 29<sup>th</sup> day of January, 2013 to:

Marae Lyn Warner  
1608 NW Expressway, Suite 100  
Oklahoma City, OK 73118

**CERTIFIED MAIL NO.** 7001 0320 0003 9967 0920

and that notification was sent to:

NAIC/RIRS

and that a copy was delivered to:

Licensing Division

  
Julie Meaders



**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 & Fees \_\_\_\_\_

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

**Marae Lyn Warner**  
**1608 NW Expressway, Suite 100**  
**Oklahoma City, OK 73118**  
**13-0017-DIS/JAM(mt)Con.Ad.Ord.**

Postmark Here  
 OKLAHOMA CITY, OK SHARTEL STA.  
 JAN 29 2013

PS Form 3800, January 2001 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:

**Marae Lyn Warner**  
**1608 NW Expressway, Suite 100**  
**Oklahoma City, OK 73118**  
**13-0017-DIS/JAM(mt)Con.Ad.Ord.**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) **P Jackson**

C. Date of Delivery **1-30-13**

D. Is delivery address different from item 1?  Yes  
 No

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 0920**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540