



with the company and determined that the adjuster on Biggs claim, Marie Avella, was not licensed in Oklahoma. Morris requested a list of all of the claims that Avella handled in Oklahoma after her license lapsed in June 2010.

2. Cheryl Barnes, paralegal with ACE American Insurance Company, provided a response to Morris' request. Barnes letter listed six (6) open claims and twenty-one (21) closed claims handled by adjuster Avella while unlicensed in Oklahoma (Exhibit A).

#### ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 6220 (A) (9) and 36 O.S. § 6204 by acting or holding herself out as an adjuster in this state while unlicensed.

#### ORDER

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 6220(A)(9) and 36 O.S. 6204 and therefore **Respondent is FINED Five Hundred Dollars (\$500.00) payable within thirty (30) days of the date of mailing.**

**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 of this Order. Such request for hearing, if desired, shall be made in writing, addressed to Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Street, Suite 100, Oklahoma City, Oklahoma 73112 and must be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on any such requested hearing will be conducted in accordance with the Oklahoma

Insurance Code, 36 O.S. §§ 101 et. seq. and the Oklahoma Administrative Procedures Act, 75  
O.S. §§ 250 through et.seq.

WITNESS My Hand and Official Seal this 25<sup>th</sup> day of February, 2013.



JOHN DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Julie Meaders". The signature is written in a cursive style with a large initial "J".

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Julie Meaders  
Assistant General Counsel

**CERTIFICATE OF SERVICE**

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 postage prepaid with return receipt requested on this 25<sup>th</sup> day of February, 2013 to:

Marie Frances Avella  
935 Fairlane Drive  
Schaumburg, IL 60193

**CERTIFIED MAIL NO: 7001 0320 0003 9967 0111**

and that a copy was delivered to:

Licensing Division

Consumer Assistance/Claims Division

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

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

**OFFICIAL USE**

7001 0320 0003 9967 0111

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



**Total Postage & F**

**Sent To**  
**Marie Frances Avella**  
**935 Fairlane Drive**  
**Schaumburg, IL 60193**

**Street, Apt. No., or PO Box No.**  
**13-0145-DIS/JAM(mt)Con.Adm.Ord.**

**City, State, ZIP+4**

PS Form 3800, January 2001

See Reverse for Instructions

**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:

**Marie Frances Avella**  
**935 Fairlane Drive**  
**Schaumburg, IL 60193**  
**13-0145-DIS/JAM(mt)Con.Adm.Ord.**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Marie Avella*  Agent  
 Addressee

B. Received by (Printed Name) *Marie Avella*

C. Date of Delivery *2/28/13*

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT

MAR 08 2013

Legal Division

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

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