

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

FILED
MAR 06 2013
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN)
D. DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
JENNIFER D. YARBROUGH,)
a licensed producer,)
)
Respondent.)

Case No. 13-0154-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. Jennifer Yarbrough is an Oklahoma producer employed at American Insurance Agency, 1503 W. Broadway, Muskogee, Oklahoma 74401. Her producer license 83032 became inactive on February 29, 2012 for failing to renew. Her address of record is P.O. Box 217, Oktaha, Oklahoma 74450.
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 Jennifer Yarbrough submitted an application to reinstate her producer license on February 13, 2013. The application stated under Respondent's employment history that she has been a producer at American Insurance Agency from September 2005 – February 2013.

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

3. Oklahoma Insurance Department records reveal that Respondent was issued producer license 830323 on February 15, 2006. The license became inactive on February 29, 2012 for failing to renew. Respondent requested reinstatement of her license on February 13, 2013.

4. Respondent was required to maintain an active license while employed as a producer with American Insurance Agency during the time frame of March 1, 2012 to February 2013.

CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 1435.4(A) in failing to maintain an active producer license while employed in an insurance-related business, 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 **TWO HUNDRED AND FIFTY DOLLARS (\$250.00)**. **Fine to be paid within thirty (30) days of receipt of this**

Order.

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 56th 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 6th day of March, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders

Julie Meaders
Assistant General Counsel
3625 NW 56th 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 6th day of March, 2013 to:

Jennifer Yarbrough
American Insurance Agency
1503 W. Broadway
Muskogee, OK 74401

CERTIFIED MAIL NO: 7001 0320 0003 9966 9474

and that notification was sent to:

NAIC/RIRS

and that a copy was delivered to:

Courtney Phipps
Licensing Division



Julie Meaders

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage	
Sent To	Jennifer Yarbrough
Street, Apt. No. or PO Box No.	American Insurance Agency
City, State, ZIP	1503 W. Broadway Muskogee, OK 74401
	13-0154-DIS/JAM(mt)Con.Ad.Ord.

Postmark Here
MAR 8 2013
OKLAHOMA CITY, OK

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>Jennifer Yarbrough American Insurance Agency 1503 W. Broadway Muskogee, OK 74401</p> <p>13-0154-DIS/JAM(mt)Con.Ad.Ord.</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <i>(Transfer from service label)</i></p> <p>7001 0320 0003 9966 9474</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

RECEIVED BY YES, ENTER DELIVERY ADDRESS BELOW
OKLAHOMA INSURANCE AGENCY
MAR 12 2013
Legal Division

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