

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
MAR 19 2013
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN)
D. DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
DARIA DARNELL BUTLER,)
an unlicensed resident adjuster,)
)
Respondent.)

Case No. 13-0257-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 undersigned attorney, and alleges and states as follows:

JURISDICTION AND AUTHORITY

1. John Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., including the Insurance Adjuster Licensing Act, 36 O.S. § 6201 et seq.
2. The Insurance Commissioner may censure, suspend, revoke or refuse to issue or renew an adjuster’s license and or may levy a fine up to \$1,000.00 for each violation of the Oklahoma Insurance Code. 36 O. S. § 6219 and § 6220(A) and (B).

ALLEGATIONS OF FACT

1. Karen Wojtek, licensing analyst at the Oklahoma Insurance Department, received a telephone call from Respondent Daria Darnell Butler inquiring as to the stature of his adjuster license on February 27, 2013.

2. Wojtek advised Respondent that his adjuster license was not renewed by February 20, 2010 and thereafter lapsed. Wojtek inquired as to whether Respondent had been working as an adjuster during the time his license was inactive and he stated that he had been working while unlicensed.

3. Wojtek advised Respondent that he could not reinstate his adjuster license due the amount of time his license was inactive and that he must retake and pass the adjuster test to receive an adjuster license.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 6220 (A) (9) and 36 O.S. § 6204 by acting or holding himself 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 56th 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 19th day of March, 2013.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders
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 19th day of March 2013 to:

Daria Darnell Butler
11800 E. Sorghum Mill Road
Arcadia, OK 73007

CERTIFIED MAIL NO: 7001 0320 0003 9966 9610

and that a copy was delivered to:

Licensing Division


Julie Meaders
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 (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Daria Darnell Butler 11800 E. Sorghum Mill Road Arcadia, OK 73007
Street, Apt. No., or PO Box No.	13-0257-DIS/JAM(mt)Con.Adm.Ord.
City, State, ZIP+4	

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Daria Darnell Butler C. Date of Delivery 03/21/13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Daria Darnell Butler 11800 E. Sorghum Mill Road Arcadia, OK 73007</p> <p>13-0257-DIS/JAM(mt)Con.Adm.Ord.</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAR 25 2013 Legal Division</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7001 0320 0003 9966 9610</p>	<p>3. Service Type</p> <p><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>

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