

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
JOSEPH ALEXANDER BILES,)
a licensed nonresident insurance producer,)
)
Respondent.)

Case No. 13-0261-DIS

FILED
MAY 07 2013
INSURANCE COMMISSIONER
OKLAHOMA

ORDER OF REVOCATION

COMES NOW the State of Oklahoma, ex rel. John Doak, Insurance Commissioner, by and through his undersigned counsel and alleges and states as follows:

JURISDICTION

1. John 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. Respondent is licensed by the State of Oklahoma as a nonresident insurance producer holding license number 100137307. His address of record is 1345 Perimeter Pkwy., Virginia Beach, Virginia 23454-5882. His resident address is 716 De Laura Lane, Virginia Beach, Virginia 23455-5721.

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).

FINDINGS OF FACT

1. Respondent is licensed by the State of Oklahoma as a nonresident insurance producer holding license number 100137307. Respondent's address of record is 1345 Perimeter Pkwy., Virginia Beach, Virginia 23454-5882

2. The Oklahoma Insurance Department was notified that Respondent's resident producer license was revoked in the State of Virginia on November 15, 2012 for failing to disclose a pending criminal charge on his Virginia producer application and for failing to respond to that state's inquiries regarding the charge.

3. A background check by the Oklahoma Insurance Department reflected that Respondent was also licensed as a nonresident Oklahoma producer. A nonresident producer in Oklahoma is required to be licensed in good standing in the producer's resident state.

CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 1435.9(A)(1) and 36 O.S. § 1435.13(A)(2), in failing to be currently licensed in good standing in his resident state of Virginia;

2. Respondent violated 36 O.S. §§ 1435.13(A)(2) and (9) in having his insurance producer license revoked in his resident state of Virginia for violation of Virginia insurance laws.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner, that the Respondent violated 36 O.S. §§ 1435.13(A)(2) and (9) and Respondent's nonresident Oklahoma license is hereby **REVOKED**.

WITNESS My Hand and Official Seal this 7th day of May, 2013.



PAUL WILKENING
FIRST DEPUTY COMMISSIONER
STATE OF OKLAHOMA

CERTIFICATE OF MAILING

I, Julie Meaders, hereby certify that a true and correct copy of the above and foregoing Order of Revocation was mailed by certified mail with postage prepaid and return receipt requested on this 7th day of May, 2013 to:

Joseph Alexander Biles
1345 Perimeter Pkwy.
Virginia Beach, VA 23454-5882

CERTIFIED MAIL NO: 7001 0320 0003 9966 6459

and

Joseph Alexander Biles
716 De Laura Lane
Virginia Beach, VA 23454-5882

CERTIFIED MAIL NO: 7001 0320 0003 9966 6473

and a copy was mailed to all appointing insurers/RIRS

and a copy was delivered to:

Courtney Phipps
Licensing Division



JULIE MEADERS
ASSISTANT GENERAL COUNSEL

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

7001 0320 0003 9966 6459

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total Postage & Fee

Sent To: **Joseph Alexander Biles**
1345 Perimeter Pkwy.
Virginia Beach, VA 23454-5882

Street, Apt. No., or PO Box No.

City, State, ZIP+4

13-0261-DIS/JAM(mt)Ord.of Rev.

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:

Joseph Alexander Biles
1345 Perimeter Pkwy.
Virginia Beach, VA 23454-5882

13-0261-DIS/JAM(mt)Ord.of Rev.

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Joseph Wynne* Agent Addressee

B. Received by (Printed Name) *Joseph Wynne* C. Date of Delivery *5/17/13*

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

OKLAHOMA INSURANCE DEPARTMENT
 MAY 20 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 (Transfer from service label) **7001 0320 0003 9966 6459**



JOHN D. DOAK
Insurance Commissioner
 Oklahoma Insurance Department
 5 Corporate Plaza
 3625 N.W. 56th St., Ste. #100
 Oklahoma City, OK 73112-4511

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

MAY 17 2013

Legal Division



7001 0320 0003 9966 6473

Joseph Alexander Biles
 716 De Laura Lane
 Virginia Beach, VA 23454-5882

AKK



U.S. POSTAGE
PITNEY BOWES
 ZIP 73112 \$ **006.11⁰**
 02 1M
 0001363374MAY 07 2013

73112451125

NIKIE 231 DE 1 00 05/10/13
 RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 BC: 73112451125 *0657-05907-07-37

PLACE TICKET TOP OF THE RETURN ADDRESS. LIGHT ENVELOPE NOT ALLOWED.

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:

Joseph Alexander Biles
 716 De Laura Lane
 Virginia Beach, VA 23454-5882
 13-0261-DIS/JAM(m)Ord.of Rev.

MAY 17 2013

Legal Division

COMPLETE THIS SECTION

A. Signature

X

B. Received by

D. Is delivery address YES, enter

No

Yes

3. Service Type

Certified

Registered

Insured

4. Restricted Delivery? (Extra Fee)

Yes

OFFICIAL USE

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fee:	02.00

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

Joseph Alexander Biles
 716 De Laura Lane
 Virginia Beach, VA 23454-5882
 13-0261-DIS/JAM(m)Ord.of Rev.



See Reverse for Instructions

2. Article Number (Transfer from service label)

7001 0320 0003 9966 6473

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-40