

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

APR 19 2013

INSURANCE COMMISSIONER
OKLAHOMA

IN RE: Application for Conversion)
of Prepaid Funeral Trust Accounts)
of Bixby Funeral Service, Inc.)
to Insured Trust Funded Accounts)

Case No. 13-0304-TRN

ADMINISTRATIVE ORDER GRANTING CONVERSION
OF PREPAID FUNERAL TRUST ACCOUNTS
TO INSURANCE FUNDED BENEFITS

The State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner (“the Insurance Commissioner”), hereby approves the conversion of the Bixby Funeral Service, Inc. (“Applicant”) prepaid funeral benefit contracts that are funded as of the filing of this Order by trust funds, to benefits funded by insurance issued by Funeral Directors Life Insurance Company. This approval and Order are based on the following grounds:

JURISDICTION

1. John D. Doak is the Insurance Commissioner for the State of Oklahoma and, as such, is charged with regulating and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101et seq., including the laws pertaining to regulation of prepaid funeral benefits as found at 36 O.S. §§ 6121-6136.18.

2. Bixby Funeral Service, Inc. (“Applicant”) was issued Permit Number 863300 by the Oklahoma Insurance Commissioner (“the Commissioner”) pursuant to 36 O.S. § 6121 authorizing Applicant to contract for prepaid funeral benefits. The Applicant is authorized to hold prepaid funds in a trust account and also to handle prepaid benefit contracts funded by insurance pursuant 36 O.S. §§ 6125 and 6125.1. Applicant acts in a fiduciary capacity to its prepaid funeral benefit trust members regardless of the mechanism used to fund their contracts.

FINDINGS OF FACT

1. Pursuant to 36 O.S. § 6136.18, Applicant has properly filed with the Insurance Commissioner on or about March 18, 2013 an Application for Conversion from prepaid funeral trust funds currently held by Applicant to insurance funded accounts issued by Funeral Directors Life Insurance Company of Abilene, Texas, with Oklahoma Certificate of Authority No. 3180 (NAIC No. 99775). The Applicant amended Tab 5 of its Conversion Application by letter dated April 12, 2013, with attached materials.

2. The amount of trust funds eligible to be converted in this way is approximately \$234,648. The Insurance Commissioner believes that this conversion to insurance funding is proper and in the best interests of the prepaid funeral benefits contract holders in question.

CONCLUSIONS OF LAW

1. Pursuant to 36 O.S. § 6136.18 and OAC 365:25-9-8, the Application of Bixby Funeral Service, Inc. for conversion from prepaid funeral trust funds to insurance funded accounts issued by coverage issued by Funeral Directors Life Insurance Company is proper in form and content and should be approved.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that the Application of Bixby Funeral Service, Inc. for conversion from prepaid funeral trust funds to insurance funded contracts with coverage issued by Funeral Directors Life Insurance Company is proper in form and content and is hereby approved.

WITNESS MY HAND AND SEAL this 18th day of April, 2013.





PAUL WILKENING
Chief Deputy Insurance Commissioner
State Of Oklahoma

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing Administrative Order was mailed certified, return receipt requested on this 19th day of April, 2013 to:

Jack E. Selby
Bixby Funeral Service, Inc.
13307 South Memorial Drive
Bixby, Oklahoma 73008

Pat Baxter
Executive Vice President and Chief Operations Officer
Funeral Directors Life Insurance Company
6550 Directors Parkway
Abilene, Texas 79606



KELLEY C. CALLAHAN
Senior Attorney
Oklahoma Insurance Department

U.S. Postal Service
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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To
Jack E. Selby
Bixby Funeral Service, Inc.
13307 South Memorial Drive
Bixby, Ok 73008
sms/13-0304-TRN/Admin. Ord

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"/> <i>Jack Selby</i> <input 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 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; width: fit-content; margin: 10px auto;"> <p>Jack E. Selby Bixby Funeral Service, Inc. 13307 South Memorial Drive Bixby, Ok 73008 sms/13-0304-TRN/Admin. Ord</p> </div>	<p>OKLAHOMA INSURANCE DEPARTMENT APR 26 2013 Legal Division</p> <p>E. Service Type <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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0003 9966 8385</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Sent To
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 or PO Box N
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Pat Baxter
Funeral Directors Life Ins Co.
6550 Directors Parkway
Abilene, TX 79606
sms/13-0304-DIS/Admin Ord

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"/> <i>Angie Dobbs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Angie Dobbs</i></p> <p>C. Date of Delivery <i>4-22-13</i></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>OKLAHOMA INSURANCE DEPARTMENT RECEIVED APR 25 2013</p> <p>3. Service Type <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>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Pat Baxter Funeral Directors Life Ins Co. 6550 Directors Parkway Abilene, TX 79606 sms/13-0304-DIS/Admin Ord</p> </div>	
<p>2. Article Number (Transfer from service label)</p> <p>7001 0320 0003 9966 8392</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>