

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
APR 11 2013  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN )  
D. DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
PURCELL INSURANCE AGENCY, INC., )  
an unlicensed producer, )  
 )  
Respondent. )

Case No. 13-0310-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. Purcell Insurance Agency, Inc. is an Oklahoma business entity producer. Its producer license 100104085 lapsed on February 28, 2011 for failing to renew. Its address of record is P.O. Box 5629, Norman, Oklahoma 73070.

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 Purcell Insurance Agency, Inc. submitted an application to reinstate its producer license on March 6, 2013.
2. Oklahoma Insurance Department records show that Respondent's license became inactive on February 28, 2011 for failing to renew.
3. Respondent was required to maintain an active license while conducting an insurance business during the time frame of March 2011 to March 2013.

### CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 1435.4(A) in failing to maintain an active producer license while conducting 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 **FIVE HUNDRED DOLLARS (\$500.00)**. **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

56<sup>th</sup> 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 11<sup>th</sup> day of April, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

*Julie Meaders*

Julie Meaders  
Assistant General Counsel  
3625 NW 56<sup>th</sup> 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 1<sup>st</sup> day of April, 2013 to:

Purcell Insurance Agency, Inc.  
P.O. Box 5629  
Norman, OK 73070

**CERTIFIED MAIL NO: 7001 0320 0003 9966 6893**

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**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001 0320 0003 9966 6893

**OFFICIAL USE**

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Return-Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	

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 APR 11 2013  
 OKLAHOMA CITY, OK 73112

**Sent To:**  
**Purcell Insurance Agency, Inc.**  
**P.O. Box 5629**  
**Norman, OK 73070**

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4  
**13-0310-DIS/JAM(mt)Con.Adm.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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Merbe Clark</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Merbe Clark</i></p> <p>C. Date of Delivery</p> <p><i>4-12-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><b>Purcell Insurance Agency, Inc.</b>  <b>P.O. Box 5629</b>  <b>Norman, OK 73070</b></p> <p><b>13-0310-DIS/JAM(mt)Con.Adm.Ord.</b></p>	<p>RECEIVED                      OKLAHOMA INSURANCE DEPARTMENT                      APR 16 2013</p> <p>Legal Division</p>
<p>2. Article Number                      (Transfer from service label)</p> <p>7001 0320 0003 9966 6893</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>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>