

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
MAY 15 2013  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,  
  
Petitioner,  
  
v.  
  
DONNIE W. LAWSON,  
a licensed producer,  
  
Respondent.

Case No. 13-0424-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**

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. Donnie W. Lawson is a licensed producer holding license #105228. His address of record is 904 NW Kingswood, Lawton, Oklahoma 73505.
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. American Fidelity Assurance Company Special Investigator Tami Bayless complained to the Anti-Fraud/Investigations Division of the Oklahoma Insurance Department that Respondent had submitted an Attending Physician' Statement in support of a personal disability claim on July 12, 2011. The Statement had the printed name and signature of Bassam Salib, M.D. stating that Respondent was disabled since June 1, 2011.

2. American Fidelity later contacted Dr. Salib's office independently. Dr. Salib submitted a faxed document to American Fidelity stating the signature on the claim form provided for his review which he had previously received from Respondent was not his signature and that he had not stated that Respondent was disabled since June 1, 2011.

3. American Fidelity received a handwritten note from Respondent on July 27, 2011 on "Lawson Insurance Agency" letterhead which stated that "I made a terrible mistake and signed the doctor signature when I sent in the disability paperwork, all of the information was correct but I shouldn't have signed his name". On July 29, 2011, Respondent admitted to American Fidelity benefits adjuster Jamie Forsythe that he had signed the doctor's name on the document.

4. Department investigator Tyler Stiles telephonically interviewed Respondent on February 25, 2013. Respondent admitted to Stiles that he had signed Dr. Saliba's name on the Attending Physician' Statement document.

### **CONCLUSIONS OF LAW**

1. Respondent violated 36 O.S. § 1435.13(A)(10); forging another's name to an application for insurance or to any document related to an insurance transaction.

**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)(10) and as a result **Respondent is FINED** in the amount of **ONE HUNDRED DOLLARS (\$100.00)**. **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 14<sup>th</sup> day of May, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

*Julie Meaders*

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Julie Meaders  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma 73112

**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 15<sup>th</sup> day of May, 2013 to:

Donnie W. Lawson  
904 NW Kingswood  
Lawton, OK 73505

**CERTIFIED MAIL NO:**

and that notification was sent to:

NAIC/RIRS

and that a copy was delivered to:

Licensing Division

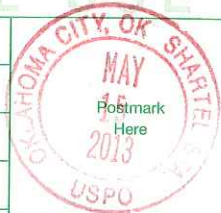
  
\_\_\_\_\_  
Julie Meaders

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

7001 0320 0003 9967 9824

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	
Sent To	<b>Donnie W. Lawson</b>
Street, Apt. No., or PO Box No.	<b>904 NW Kingswood</b>
City, State, ZIP+	<b>Lawton, OK 73505</b>
	<b>13-0424-DIS/JAM(mt)Cond.Adm.Ord.</b>



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:

**Donnie W. Lawson**  
**904 NW Kingswood**  
**Lawton, OK 73505**

**13-0424-DIS/JAM(mt)Cond.Adm.Ord.**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Donnie Lawson*

B. Received by (Printed Name) C. Date of Delivery  
**Donnie Lawson** **5-16-13**

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

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 9967 9824**

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