

**BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN )  
D. DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
RICHARD LEE KEIRSEY, )  
an unlicensed adjuster, )  
 )  
Respondent. )

Case No. 13-0481-DIS

**FILED**  
MAY 10 2013  
INSURANCE COMMISSIONER  
OKLAHOMA

**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. Richard Lee Keirsey is an Oklahoma adjuster employed at CompSource Oklahoma, 1901 N. Walnut, Oklahoma City 73105. His adjuster license 84402 lapsed on October 31, 2012 for failing to complete continuing education and renew. His address of record is 3633 NW 52<sup>nd</sup> Street, Oklahoma City, Oklahoma 73112.

3. 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. Respondent Richard Keirse submitted an application to reinstate his adjuster license on May 6, 2013. The application stated under Respondent's employment history that he has been an adjuster at CompSource Oklahoma from January 2003 – May 2013.
2. Respondent declared under penalty of perjury that the statements made in the application were true and complete.
3. Oklahoma Insurance Department records reveal that Respondent was issued adjuster license 92857 on April 19, 2006. The license became inactive on October 31, 2012 for failing to complete continuing education and renew. Respondent requested reinstatement of his license on May 6, 2013.
4. Respondent was required to maintain an active license while employed as an adjuster with Comp Source OK between November 2012 – February 2013.

### CONCLUSIONS 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 as a result **Respondent is FINED** in the amount of **TWO HUNDRED AND FIFTY DOLLARS (\$250.00)**. **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 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 56<sup>th</sup> 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 10<sup>th</sup> day of May 2013.



JOHN DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
Julie Meaders  
Assistant General Counsel

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

Richard Lee Keirsey  
3633 NW 52<sup>nd</sup> Street  
Oklahoma City, OK 73112

**CERTIFIED MAIL NO: 7001 0320 0003 9967 9787**

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 <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	
Sent To	<b>Richard Lee Keirse</b>
Street, Apt. No., or PO Box No.	<b>3633 NW 52ND Street</b>
City, State, ZIP+4	<b>Oklahoma City, OK 73112</b>
	<b>13-0481-DIS/JAM(mt)Con.Adm.Ord.</b>

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 checked="" type="checkbox"/> X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>1. Article Addressed to: _____            If 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;"> <p><b>Richard Lee Keirse</b>  <b>3633 NW 52ND Street</b>  <b>Oklahoma City, OK 73112</b></p> <p><b>13-0481-DIS/JAM(mt)Con.Adm.Ord.</b></p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7001 0320 0003 9967 9787</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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