

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
MAY 13 2013  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN )  
D. DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
SHERRI ELLEN TABOR, )  
an unlicensed adjuster, )  
 )  
Respondent. )

Case No. 13-0482-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. Sherri Ellen Tabor is an Oklahoma adjuster employed at CMR Claims, 726 W. Sheridan, Oklahoma City 73107. Her adjuster license 201560 lapsed on March 31, 2013 for failing to renew. Her address of record is 18633 Andrew Lane, Newalla, Oklahoma 74857.
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 Sherri Tabor submitted an application to reinstate her adjuster license on May 6, 2013. The application stated under Respondent's employment history that she has been an adjuster at CMR Claims from January 2006 – May 2013.

2. Respondent further averred in her application that she has never been convicted of a crime, had a judgment withheld or deferred or is not currently charged with a crime.

3. Respondent declared under penalty of perjury that the statements made in the application were true and complete.

4. Oklahoma Insurance Department records reveal that Respondent was issued adjuster license 201560 on March 18, 2009. The license became inactive on March 31, 2013 for failing to renew. Respondent requested reinstatement of her license on May 6, 2013.

5. A background check by the Department further revealed that Respondent was charged with felony embezzlement in Cleveland County Case No. CF-2012-392 on February 21, 2012. The charge was later reduced to misdemeanor obtaining money under false pretenses. Respondent received a three year deferred sentence on that charge on October 4, 2012.

6. Respondent was required to maintain an active license while employed as an adjuster with CMR Claims between April and May 2013.

7. Respondent was required to disclose that she received a misdemeanor three year deferred sentence for obtaining money under false pretenses.

## **CONCLUSIONS OF LAW**

1. Respondent violated 36 O.S. § 6220 (A) (9) and 36 O.S. § 6204 by acting or holding herself out as an adjuster in this state while unlicensed.

2. Respondent violated 36 O.S. § 6220(A)(1) for material misrepresentation in

obtaining her adjuster license.

**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)(1) and (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 13<sup>n</sup> day of May, 2013 to:

Sherri Ellen Tabor  
17300 Valley View Road  
Newalla, OK 74857-1301

**CERTIFIED MAIL NO: 7001 0320 0003 9967 9794**

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)*

**OFFICIAL USE**

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

**Total Postage & Fees** \_\_\_\_\_

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

**Sherrri Ellen Tabor**  
**17300 Valley View Road**  
**Newalla, OK 74857-1301**

**13-0482-DIS/JAM(mt)Cond.Adm.Ord.**

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0003 9967 9794



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"/> Agent  <input type="checkbox"/> Addressee  <i>Sherrri Tabor</i></p> <p>B. Received by (Printed Name)  <i>Sherrri Tabor</i></p> <p>C. Date of Delivery  <i>5-16-13</i></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, print delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>Sherrri Ellen Tabor</b>  <b>17300 Valley View Road</b>  <b>Newalla, OK 74857-1301</b></p> <p><b>13-0482-DIS/JAM(mt)Cond.Adm.Ord.</b></p> </div>	<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>2. Article Number          (Transfer from service label)</p>	<p>7001 0320 0003 9967 9794</p>

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 MAY 20 2013  
 Legal Division