

within five days of receipt of the letter. Respondent signed for the certified mailing on June 13, 2013.

4. On June 18, 2013, Respondent replaced the EFT's and paid the service fees owed with money orders numbers R204776698500 and R204776698511 in the amount of \$28.00 each.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

ORDER

IT IS THEREFORE ORDERED that Lawrana Jo Gilmore is CENSURED.

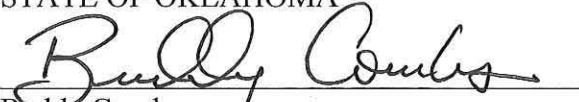
Respondent is further notified that she may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described herein and any defenses thereto.**

If Respondent fails to request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31st day, and Respondent shall be **CENSURED**.

WITNESS My Hand and Official Seal this 31st day of July, 2013.




JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


Buddy Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746

CERTIFICATE OF MAILING

I 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 certified, return receipt requested on this 27th day of July, 2013, to:

Lawrana Jo Gilmore
16208 KINGS RD
SHAWNEE, OK 74801-6628


Buddy Combs

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

OFFICIAL USE

7001 0320 0004 4250 0136

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To	Lawrana Jo Gilmore
Street, Apt. No., or PO Box No.	16208 Kings Rd
City, State, ZIP+4	Shawnee, Ok 74801-6628
	sms/13-0594-DIS/Cond Ord



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:

Lawrana Jo Gilmore
16208 Kings Rd
Shawnee, Ok 74801-6628
sms/13-0594-DIS/Cond Ord

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 Legal Division

JUL 23 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Lawrana Gilmore

B. Received by (Printed Name) *Lawrana Gilmore* C. Date of Delivery *7-19-13*

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 0004 4250 0136