



3. Respondent submitted his October 2013 ASC report to the Department on Monday, November 18, 2013 - 3 days after the report was due on Friday, November 15, 2013.

### **CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(24) for failing to file a report as required by Section 1314.

2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

### **ORDER**

**IT IS THEREFORE ORDERED that Steven Ray Fletcher is CENSURED.**

Respondent is further notified that he 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 Dan R. Byrd, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

**If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order.**

WITNESS My Hand and Official Seal this 30<sup>th</sup> day of January, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA


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Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 30th day of January, 2014, to:

Steven Ray Fletcher  
201 W. 5<sup>th</sup> St., Ste 140  
Tulsa, OK 74103-4209



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Dan R. Byrd

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

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**Steven Ray Fletcher**  
**201 W. 5th St., Suite 140**  
**Tulsa, Ok 74103-4209**  
**sms/13-1291-DIS/Cond Ord**

PS Form 3800, January 2004 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"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Brian K Perkins</b></p> <p>C. Date of Delivery <b>2-3-14</b></p>	
<p>1. Article Addressed to:</p> <p><b>RECEIVED</b>  <b>OKLAHOMA INSURANCE DEPARTMENT</b>  <b>FEB 06 2014</b>  <b>Legal Division</b></p> <p><b>Steven Ray Fletcher</b>  <b>201 W. 5th St., Suite 140</b>  <b>Tulsa, Ok 74103-4209</b>  <b>sms/13-1291-DIS/Cond Ord</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Yes, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7001 0320 0004 4249 1861</p>		<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>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt 102595-02-M-1540</p>	