

3. Respondent submitted her December 2013 United States Fire Insurance Company report to the Department on Wednesday, January 22, 2014 — 7 days after the report was due on Wednesday, January 15, 2014.

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 Tiffany Charles 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 Dan R. Byrd, Oklahoma Insurance Department, Legal Division, 3625 NW 56th 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 31st day following the receipt of the Order.

WITNESS My Hand and Official Seal this 14th day of February, 2014.



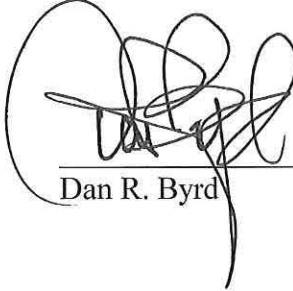
JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Dan R. Byrd
Assistant General Counsel
3625 NW 56th 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 14th day of February, 2014, to:

Tiffany Charles
115 S. Peters Ave., Ste. 9
Norman, OK 73069-6047



Dan R. Byrd

7001 0320 0004 4248 5532

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery (Endorsement)	
Total Postage	

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Norman, OK 73069-6047
sms/14-0180-DIS/Cond Ord

Street, Apt. or PO Box
City, State, ZIP+4



PS Form 3800, January 2001 See Reverse for Instructions

3625 N.W. 56th St., Ste. #100
Oklahoma City, OK 73112-4511

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ZIP 73112
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OKLAHOMA INSURANCE DEPARTMENT
FEB 24 2014

Legal Division



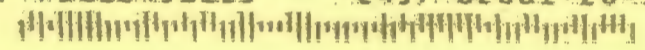
Tiffany Charles
115 S. Peters Ave., Suite 9
Norman, OK 73069-6047

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RETURN TO SENDER
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BC: 73112451125 *2457-02681-20-12

73112 04511



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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Tiffany Charles
115 S. Peters Ave., Suite 9
Norman, OK 73069-6047
sms/14-0180-DIS/Cond Ord

2. Article Number
(Transfer from service label) 7001 0320 0004 4248 5532

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
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 Registered Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540