

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

**FILED**

JUL 02 2014

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,  
Petitioner,  
v.  
DUDLEY ROBERTS FUNERAL HOME, INC.  
d/b/a ROBERTS FUNERAL HOME  
Respondent.  
Prepaid Funeral Benefits Permit 863596

Case No. 14-0224-DIS

**CONSENT ORDER**

The State of Oklahoma, ex rel., John D. Doak, Insurance Commissioner, alleges and states:

**JURSDICTION AND AUTHORITY**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma ("the Insurance Commissioner") and, as such, is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., including the provisions of the Prepaid Funeral Benefits Act, 36 O.S. §§ 6121-6136.18 ("the Prepaid Act").

2. The Respondent, Dudley Roberts Home, Inc. d/b/a Roberts Funeral Home ("the Respondent" or "the Permit Holder") holds Prepaid Funeral Benefits Permit Number 863596 for an establishment in Healdton, Oklahoma; therefore, the Respondent is a regulated entity under the Prepaid Act.

### **STIPULATED FINDINGS OF FACT**

1. The Insurance Commissioner did not timely receive the 2014 Renewal Application for this Respondent. The deadline for late renewals is January 31<sup>st</sup> of each year.

2. All Permits expire on December 31 of the year the Permit is first issued, unless properly renewed. Permits may be renewed for a period not to exceed the succeeding December 31 upon the payment of a renewal fee of Fifty Dollars (\$50.00). Late application for renewal of a Permit shall require a fee of double the renewal fee, or One Hundred Dollars (\$100.00). No Application for Renewal of a Permit shall be accepted after January 31 of each year.

3. The Insurance Commissioner filed a Conditional Administrative Order and Notice of Right to Hearing ("the Conditional Order") in this matter on May 8, 2014, and served it on Respondent by certified mail on May 9, 2014.

4. The Respondent's Owner and Funeral Director in Charge, Mr. Shannon Roberts ("Mr. Roberts"), contacted the Department about the Conditional Order by telephone shortly after receiving it. Mr. Roberts believed he submitted his establishment's Application for Renewal of Prepaid Permit and check in a timely manner, but agreed that if the Department had not received the renewal items, Respondent needed to remedy the situation immediately.

5. On June 5, 2014, Mr. Roberts delivered to the Department a properly completed and signed Application for Renewal of Prepaid Permit and a late renewal check in the proper amount of One Hundred Dollars (\$100.00).

### **AGREED CONCLUSIONS OF LAW**

1. All prepaid funeral benefits Permits expire on December 31 of the year the Permit is first issued, unless renewed. Permits may be renewed for a period not to exceed the succeeding December 31 upon the payment of a renewal fee of Fifty Dollars (\$50.00). Late

application for renewal of a Permit shall require a fee of double the renewal fee. *See* 36 O.S. § 6124 (A) (3) and (B).

2. The record shows Respondent failed as a matter of law to meet the prepaid funeral benefits Permit renewal requirements for 2014.

3. The Insurance Commissioner may suspend, revoke or cancel a Prepaid Funeral Permit or impose a fine in the amount of from \$100 to \$1,000 -- or impose a combination of such disciplinary actions -- if a Permit Holder violates any provision of the Prepaid Funeral Benefits Act. *See* 36 O.S. §§ 6124 (A) (3) and (B); 6130 (B).

#### **ORDER AND CONSENT**

**IT IS THEREFORE ORDERED** by the Insurance Commissioner and **CONSENTED** to by Dudley-Roberts Funeral Home, Inc. d/b/a Roberts Funeral Home that the Insurance Commissioner will accept its 2014 Application for Renewal of Prepaid Funeral Benefits Permit received by the Department on or about June 5, 2014, with check for double fee payment of One Hundred Dollars (\$100.00) for late submission.


**IT IS FURTHER ORDERED** by the Insurance Commissioner and **CONSENTED** to by Dudley-Roberts Funeral Home, Inc. d/b/a Roberts Funeral Home that said establishment is **FINED** in the amount of **TWO HUNDRED AND FIFTY DOLLARS (\$250.00)** for its failure to file its prepaid funeral benefits Permit Renewal Papers and associated fee for 2014 on time. The \$250.00 civil fine shall be paid by check made payable to the Oklahoma Insurance Department. The payment shall reference Respondent's Case Number 14-0224-DIS and shall be mailed concurrently with the executed Consent Order to the attention of: Kelley C. Callahan, Senior Attorney, Five Corporate Plaza, 3625 NW 56<sup>th</sup> Street, Suite 100, Oklahoma City, Oklahoma 73112.

**IT IS FURTHER ORDERED** by the Insurance Commissioner and **CONSENTED** to by Dudley-Roberts Funeral Home, Inc. d/b/a Roberts Funeral Home that the Respondent shall in the future comply in a timely and complete manner with all prepaid funeral benefit trust and Permit regulatory filings.

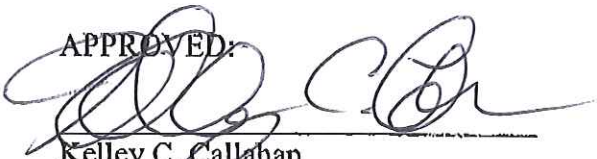
WITNESS My Hand and Official Seal this 2<sup>nd</sup> day of July, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
John D. Miller, Esq.  
Hearing Examiner


APPROVED:

  
Kelley C. Callahan  
Senior Attorney  
Oklahoma Insurance Department

VERIFICATION AND CONSENT

I, Shannon Roberts, Owner and Funeral Director in Charge of the Respondent  
Dudley-Roberts Funeral Home, Inc. d/b/a Roberts Funeral Home, do state:

I have read this Consent Order. The contents and facts set forth in the Consent Order  
are true to the best of my knowledge. I consent to the entry of the Order by the Insurance  
Commissioner and I waive any right the Respondent may have to appeal this Order.

  
Dudley-Roberts Funeral Home, Inc. d/b/a  
Roberts Funeral Home  
By: Shannon Roberts  
Title: Funeral Director in Charge and Owner

STATE OF OKLAHOMA  
COUNTY OF Carter

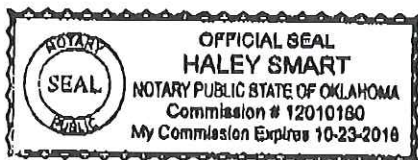
This instrument was acknowledged before me on June 30, 2014 by Shannon Roberts,  
Owner and Funeral Director in Charge of Dudley-Roberts Funeral Home, Inc. d/b/a Roberts  
Funeral Home.

  
Signature of Notary

Seal

Title

10-23-2016  
My Commission Expires:



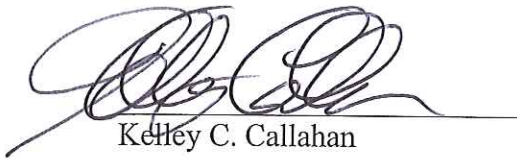
**CERTIFICATE OF MAILING**

I, Kelley C. Callahan, hereby certify that a true and correct copy of the above and foregoing *Consent Order* was mailed by certified mail, return receipt requested and by regular mail on this 2nd day of July, 2014 to:

Shannon Roberts, FDIC  
Roberts Funeral Home  
96 Sinclair Street  
Healdton, OK 73438

**CERTIFIED MAIL NO:** 7001 0320 0004 4249 4497

And a Copy Was Delivered to Shanna Johnson, Regulatory Supervisor, Prepaid Accounts,  
Oklahoma Insurance Department.

  
Kelley C. Callahan  
Senior Attorney



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

Roberts Funeral Home  
ATTN: Shannon Roberts, FDIC  
96 Sinclair Street  
Healdton, OK 73438  
rlg/14-0224-DIS/Consent Order



PS Form 3800, January 2001

**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:

Roberts Funeral Home  
ATTN: Shannon Roberts, FDIC  
96 Sinclair Street  
Healdton, OK 73438  
rlg/14-0224-DIS/Consent Order

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/3

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT

JUL 08 2014

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 4249 4497

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1549