

**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.

MOBLEY FUNERAL SERVICE, INC.
d/b/a MOBLEY-DODSON FUNERAL
SERVICE.

Respondent.

Prepaid Funeral Benefits Permit 863182

Case No. 14-0225-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, Mobley Funeral Service, Inc. d/b/a Mobley-Dodson Funeral Service ("the Respondent" or "the Permit Holder") holds Prepaid Funeral Benefits Permit Number 863182 for an establishment in Sand Springs, Oklahoma, and consequentially is regulated by the Insurance Commissioner under the Prepaid Act.

STIPULATED FINDINGS OF FACT

1. The Insurance Commissioner did not timely receive the 2014 Permit Renewal Application for this Respondent. The deadline for late renewals is January 31st 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 payment of a renewal fee of Fifty Dollars (\$50.00). Late application for renewal of a Permit requires a fee of double the renewal fee, or One Hundred Dollars (\$100.00). No Application for Permit Renewal 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") herein on May 8, 2014, relating to Respondent's failure to renew Permit, and served it on Respondent by certified mail on May 12, 2014.

4. The Respondent's President and Owner, Jim Groesbeck, contacted the Department about the Conditional Order by email on May 12, 2014. In this email, Mr. Groesbeck described how the Respondent prepared renewal papers and a fee check in December, 2013, to send to the Department. Respondent's staff mistakenly mailed these items to the Post Office Box of the Insurance Commissioner's former office at Sheppard Mall in Oklahoma City. Because Respondent did not receive these materials back from the Post Office, Mr. Groesbeck and his staff believed the Department received the establishment's renewal papers timely and in due course.

5. The Department has been at its current location at Five Corporate Plaza, 3625 N.W. 56th, Suite 100, Oklahoma City, OK 73112, since approximately March of 2010.

6. On or about March 20, 2014, the Financial Head of Prepaid Accounts physically received the Permit Holder's Annual Report. March 15 is the deadline for Permit Holders to submit Annual Reports. The envelope with the Annual Report also contained a Fifty Dollar

(\$50.00) check from Respondent with a description on the memo line of "2014 Preneed License Renewal." Included with the check was a properly completed Application for Renewal of Prepaid Funeral Benefits Permit signed March 14, 2014. The Department applied the \$50 check to the fee for the Annual Report.

7. Mr. Groesbeck states the multiple contents of this March, 2014, mailing was not an attempt to circumvent the renewal filing, but a confused act by staff done in the course of attempting to comply with all prepaid funeral statutes and rules.

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 Mobley Funeral Service, Inc. d/b/a Mobley-Dodson Funeral Service that the Insurance Commissioner will accept Respondent's 2014 Application for Renewal of Prepaid Funeral

Benefits Permit received within the Department on or about March 20, 2014. The Respondent will pay the double fee of One Hundred Dollars (\$100.00) for out of time renewals.

IT IS FURTHER ORDERED by the Insurance Commissioner and **CONSENTED** to by Mobley Funeral Service, Inc. d/b/a Mobley-Dodson Funeral Service 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. This check shall reference Respondent's Case Number 14-0225-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 56th Street, Suite 100, Oklahoma City, Oklahoma 73112.

IT IS FURTHER ORDERED by the Insurance Commissioner and **CONSENTED** to by Mobley Funeral Service, Inc. d/b/a Mobley-Dodson Funeral Service 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 2nd 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

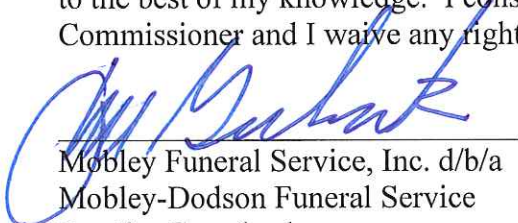


Larry Morgan, Esq.
Morgan & Morgan, P.C.
11912 North Pennsylvania Avenue
Suite D-1
Oklahoma City, OK 73120
Attorneys for Respondent

VERIFICATION AND CONSENT

I, Jim Groesbeck, President and Owner of Respondent Mobley Funeral Service, Inc. d/b/a Mobley-Dodson Funeral Service, state:

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

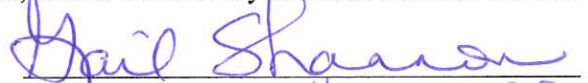


Mobley Funeral Service, Inc. d/b/a
Mobley-Dodson Funeral Service
By: Jim Groesbeck
Title: President and Owner

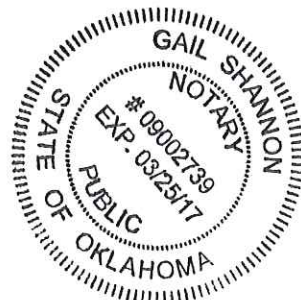
STATE OF OKLAHOMA

COUNTY OF Oklahoma

This instrument was acknowledged before me on June 24 2014 by Jim Groesbeck, President and Owner of Mobley Funeral Service, Inc. d/b/a Mobley-Dodson Funeral Service


Signature of Notary #09002739

Seal



Notary Public
Title

03/25/2017
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 on this

2nd day of July, 2014 to:

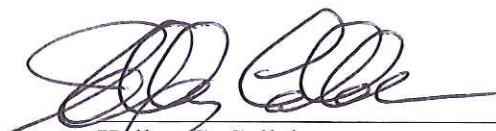
Ricky Slankard, FDIC
Mobley Funeral Service, Inc.
211 East Broadway
Sand Springs, OK 74063

CERTIFIED MAIL NO: 7001 0320 0004 4249 4473

Larry Morgan, Esq.
Morgan & Morgan, P.C.
11912 North Pennsylvania Avenue
Suite D-1
Oklahoma City, OK 73120
Attorneys for Respondent

CERTIFIED MAIL NO: 7001 0320 0004 4249 4480

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


Kelley C. Callahan
Senior Attorney

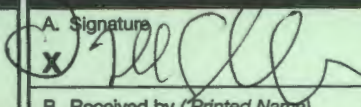
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4249 4473

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	
Mobley Funeral Service, Inc. ATTN: Ricky Slankard, FDIC 211 E. Broadway Sand Springs, OK 74063 rlg/14-0225-DIS/Consent Order	

PS Form 3800, January 2001



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>OKLAHOMA INSURANCE DEPARTMENT JUL 08 2014 Legal Division</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> Mobley Funeral Service, Inc. ATTN: Ricky Slankard, FDIC 211 E. Broadway Sand Springs, OK 74063 rlg/14-0225-DIS/Consent Order </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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0004 4249 4473</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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

OFFICIAL USE

7001 0320 0004 4249 4480

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

Morgan & Morgan, P.C., Attorneys at Law
ATTN: Larry Morgan, Esq.
11912 N. Pennsylvania Ave., Suite D-1
Oklahoma City, OK 73120
rlg/14-0225-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:

Morgan & Morgan, P.C., Attorneys at Law
ATTN: Larry Morgan, Esq.
11912 N. Pennsylvania Ave., Suite D-1
Oklahoma City, OK 73120
rlg/14-0225-DIS/Consent Order

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Gail Shannon ☐ Addressee

B. Received by (Printed Name) *Gail Shannon* C. Date of Delivery *7/2/14*

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

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

JUL 08 2014

Legal Division

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 4480

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540