

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

**FILED**

**JUL 29 2014**

**INSURANCE COMMISSIONER  
OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN )  
D. DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
v. )  
 )  
 )  
LADUSAU-EVANS FUNERAL )  
HOME, INC. )  
 )  
 )  
Prepaid Funeral Benefits Permit 863407 )  
 )  
Respondent. )

Case No. 14-0554-DIS

**CONDITIONAL ADMINISTRATIVE ORDER AND NOTICE OF RIGHT TO  
HEARING**

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

**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 the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., including the provisions of the Prepaid Funeral Service and Funeral Service Merchandise Act, 36 O.S. §§ 6121-6136.18 (“the Prepaid Act”).

2. The Respondent, Ladusau-Evans Funeral Home, Inc. (“Respondent” or “Permit Holder”), is a Permitted Provider of prepaid funeral benefit contracts in the State of Oklahoma and holds Permit Number 863407 for an establishment in Enid, Oklahoma.

### **FINDINGS OF FACT**

1. The Insurance Commissioner is charged with the duty of administering and enforcing all provisions of the Prepaid Act, 36 O.S. §§ 6121-6136.18.
2. Respondent is a prepaid funeral benefits Permit Holder in the state of Oklahoma pursuant to 36 O.S. §§ 6121 and 6124, holding Permit Number 863407 for an establishment in Enid, Oklahoma.
3. Respondent failed to submit its Annual Report by March 17, 2014 (as March 15, 2014, fell on a Saturday), as required by 36 O.S. §6128. In fact, the Department did not receive Respondent's Annual Report until March 31, 2014 (postmark date).

### **CONCLUSIONS OF LAW**

1. Respondent has failed to submit its Annual Report timely in violation of 36 O.S. § 6128.
2. The Insurance Commissioner may censure, suspend, or revoke a prepaid funeral permit or impose a fine in the amount of \$100 to \$1,000, or impose a combination of such administrative actions, for violating any provision of the Prepaid Act. *See e.g.* 36 O.S. § 6130 (B).
3. The Annual Report is central to the Insurance Commissioner's ability to properly regulate the prepaid funeral benefits trust industry. *See* 36 O.S. §§ 6123, 6125, 6128, 6129, 6129.1 and O.A.C 365:25-9-3(b) (3).

**ORDER**

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that the named Respondent is assessed a civil penalty in the amount of Two Hundred and Fifty Dollars (\$250.00).

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that this Conditional Administrative Order **shall become a FINAL ORDER on the 31<sup>st</sup> day following its receipt by the Respondent, unless the Respondent requests a Hearing as set out below.** The fine levied herein is due at the time this Conditional Administrative Order becomes a Final Order.

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** and Respondent is further notified that it may request a Hearing within thirty (30) days of the receipt of this Conditional Administrative Order, 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 Kelley C. Callahan, Senior Attorney, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described herein and any defenses thereto.**

Any such Hearing shall be conducted according to the procedures for contested cases under the Insurance Code and the Oklahoma Administrative Procedures Act, 75 O.S. § 250-323. If the Respondent serves a timely request for Hearing, this Conditional Administrative Order shall act as notice of the matters to be reviewed at the Hearing, and such allegations may be amended as additional information is discovered. The Insurance

Commissioner or his appointed Hearing Examiner reserves the right to impose additional or different administrative discipline at a Hearing, if warranted.

WITNESS My Hand and Official Seal this 29<sup>th</sup> day of July, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Kelley C. Callahan", written over a horizontal line.

By: Kelley C. Callahan, OBA No. 1429  
Senior Attorney  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, OK 73112  
Telephone: (405) 521-2746  
Facsimile: (405) 522-0125

**CERTIFICATE OF MAILING**

I, Kelley C. Callahan, hereby certify that a true and correct copy of the attached *Conditional Administrative Order and Notice of Right to Hearing* was mailed certified mail, return receipt requested and by regular U.S. mail on the 29<sup>th</sup> day of July, 2014 to:

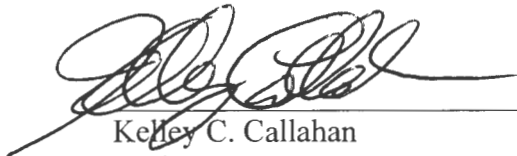
Ladusau-Evans Funeral Home  
ATTN: Mr. Joe Highberger, FDIC  
2800 North Van Buren Street  
P.O. Box 3501  
Enid, OK 73702

Certified Mail No.  
7001 0320 0004 4249 4282

And that a copy was mailed by regular mail to:

Oklahoma Funeral Board  
ATTN: Chris Ferguson, Deputy Director  
4545 North Lincoln, Suite 175  
Oklahoma City, OK 73105

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



Kelley C. Callahan  
Senior Attorney  
Oklahoma Insurance Department

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

OFFICIAL USE

7001 0320 0004 4249 4282

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

Ladusau-Evans Funeral Home  
 ATTN: Joe Highberger, FDIC  
 2800 N. Van Buren St.  
 P.O. Box 3501  
 Enid, OK 73702  
 rg/14-0554-DIS/Cond. Adm. Ord.

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:

Ladusau-Evans Funeral Home  
 ATTN: Joe Highberger, FDIC  
 2800 N. Van Buren St.  
 P.O. Box 3501  
 Enid, OK 73702  
 rg/14-0554-DIS/Cond. Adm. Ord.

2. Article Number  
 (Transfer from service label)

7001 0320 0004 4249 4282

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Stephany Wieden*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 7-31-14

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

OKLAHOMA INSURANCE DEPARTMENT

AUG 04 2014

3. Service Division  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes