

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

STATE OF OKLAHOMA, ex rel. JOHN )  
D. DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
J. SHAMROCK INVESTMENTS, INC. d/b/a )  
John M. Ireland Funeral Home and Chapel, )  
an unlicensed producer, )  
 )  
Respondent. )

Case No. 14-0883-DIS

**FILED**  
NOV 21 2014  
INSURANCE COMMISSIONER  
OKLAHOMA

**CONDITIONAL ADMINISTRATIVE ORDER  
AND NOTICE OF RIGHT TO BE HEARD**

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through his undersigned attorney, and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq.
2. J. Shamrock Investments, Inc. is an Oklahoma business entity producer holding producer license 100100362 which became inactive on August 31, 2010, for failing to renew. Its address of record is 120 S. Broadway, Moore, Oklahoma 73160.
3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Producer Licensing Act and/or may levy a fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code, 36 O.S. § 1435.13(A) and (D).

4. The Insurance Commissioner shall retain the authority to enforce the provisions of and impose any penalty or remedy authorized by the Oklahoma Producer Licensing Act and Title 36 of the Oklahoma Statutes even if the person's license or registration has been surrendered or has lapsed by operation of law.

#### **ALLEGATIONS OF FACT**

1. Respondent J. Shamrock Investments, Inc. was a licensed business entity producer since December 2008. Its license lapsed on August 31, 2010, for failure to renew. It submitted an application to reinstate its lapsed license on September 2, 2014.

2. Respondent was required to maintain an active business entity producer license between August 2010 and the present date.

#### **CONCLUSIONS OF LAW**

1. Respondent violated 36 O.S. § 1435.4(A) in failing to maintain an active business entity producer license; thereby in violation of 36 O.S. § 1435.13(A)(2).

#### **ORDER**

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 1435.13(A)(2) and as a result **Respondent is FINED** in the amount of **ONE THOUSAND DOLLARS (\$1000.00)**. **Fine to be paid within thirty (30) days of receipt of this Order.** License will be reinstated upon payment of the fine.

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on

the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Street, Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Oklahoma Insurance Code, 36 O.S §§ 101 et seq. and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 et seq.. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 21<sup>st</sup> day of November, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Julie Meaders". The signature is written in a cursive style and is positioned above a horizontal line.

Julie Meaders  
Deputy General Counsel  
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, Julie Meaders, 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 by certified mail with postage prepaid and return receipt requested on this 21<sup>st</sup> day of November, 2014 to:

J. Shamrock Investments, Inc.  
d/b/a John M. Ireland Funeral Home & Chapel  
120 S. Broadway  
Moore, OK 73160

**CERTIFIED MAIL NO: 7014 0150 0001 9588 7727**

and that a copy was delivered to:

Licensing Division

  
\_\_\_\_\_  
Julie Meaders

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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Postage	\$
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



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

J. Shamrock Investments, Inc.  
 d/b/a John M. Ireland Funeral Home & Chapel  
 120 S. Broadway  
 Moore, OK 73160  
 rlg/14-0883-DIS/Cond. Adm. Ord.

PS Form 3800, August 2006 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:

J. Shamrock Investments, Inc.  
 d/b/a John M. Ireland Funeral Home & Chapel  
 120 S. Broadway  
 Moore, OK 73160  
 rlg/14-0883-DIS/Cond. Adm. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Karen Buckner*  Addressee

B. Received by (Printed Name) *Karen Buckner* C. Date of Delivery *11/24*

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

OKLAHOMA INSURANCE DEPARTMENT

NOV 26 2014

3. 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) **7014 0150 0001 9588 7727**