

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

DEC 11 2014

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN DOAK, Insurance Commissioner,

Petitioner,

v.

ANDREA FRANCINNE CARDER,
an applicant for a nonresident insurance
adjuster license,

Respondent.

Case No. 14-1198-DEN

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

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

JURISDICTION

1. John 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. Respondent is an applicant for a nonresident insurance adjuster license in the State of Oklahoma. Respondent's address of record 4300 Crooked Tree Rd. SW, Apt. 6, Wyoming, Michigan 49519.
3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew an initial license issued pursuant to the Oklahoma Insurance Adjusters 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. § 6219, § 6220(A) and (B).

ALLEGATIONS OF FACT

1. Respondent applied for a nonresident insurance adjuster license on or about December 1, 2014 with the Oklahoma Insurance Department (OID). On the application form, the second question asks the following: “Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?” Respondent answered “no” to this question.

2. The application form defines being “involved” in an administrative proceeding as the following: “having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. ‘Involved’ also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration.” ‘Involved’ also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial.” Applicants may only exclude “terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.”

3. A background check conducted by the OID Licensing Division showed that Respondent had the following administrative action listed on her record: a license denial in Wisconsin for a late or incomplete response violation on or about April 25, 2014 (State Regulatory Information Retrieval System (“RIRS”) Identifier: 36103). Respondent

did not properly disclose the aforementioned administrative action in the license application.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 6220(A)(1); material misrepresentation or fraud in obtaining an adjuster's license.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Andrea Francinne Carder is **ONE HUNDRED AND FIFTY DOLLARS (\$150.00)** for material misrepresentation or fraud in obtaining an adjuster's license. **The \$150.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$150.00 civil fine shall be paid by money order or cashier's check. Respondent's application for a nonresident insurance adjuster license may be granted upon receipt of payment of the fine and reporting of the administrative action. Failure to pay the civil fine or request a hearing within thirty (30) days will result in your license application being withdrawn.

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 Barron Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., 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 Insurance Code and 75 O.S. § 250-323. 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 11th day of December, 2014.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Barron B. Brown". The signature is written in a cursive style and is positioned above a horizontal line.

Barron B. Brown
Assistant General Counsel
3625 NW 56th St., Suite 100
Oklahoma City, OK 73112

CERTIFICATE OF MAILING


I, Barron B. Brown, 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 11th day of December, 2014, to:

Andrea Francinne Carder
4300 Crooked Tree Rd. SW, Apt. 6
Wyoming, MI 49519

CERTIFIED MAIL NO. 7014 0150 0001 9588 9875

and a copy was delivered to:

Nicole Godfrey
Licensing Division



Barron B. Brown
Assistant General Counsel

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

For delivery information visit our website at www.usps.com

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

Andrea Francinne Carder
4300 Crooked Tree Rd. SW, Apt. 6
Wyoming, MI 49519
rfg/14-1198-DEN/Cond. Adm. Ord

PS Form 3800, August 2008

2014 0150 0001 9588 9875



JOHN D. DOAK
Insurance Commissioner
Oklahoma Insurance Department
5 Corporate Plaza
3625 N.W. 56th St., Ste. #100
Oklahoma City, OK 73112-4511

CERTIFIED MAIL™

OKLAHOMA CITY



7014 0150 0001 9588 9875

neopost
12/11/2014

FIRST-CLASS MAIL

US POSTAGE \$006.69⁰



ZIP 73112
041L12203132

FINAL NOTICE



Andrea Francinne Carder
~~4300 Crooked Tree Rd. SW, Apt. 6~~
~~Wyoming, MI 49519~~

FINAL NOTICE
10-22

NAME cy
1ST NOTICE 12-17-14
2ND NOTICE 22
RETURN OT

NIXIE 482 SE 1700 0001/03/15
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 73112451125 *0957-04165-11-37

49515415904
73112 04511

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

For delivery information visit our website at www.usps.com

OFFICIAL USE



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

Andrea Francinne Carder
 4300 Crooked Tree Rd. SW, Apt. 6
 Wyoming, MI 49519
 rlg/14-1198-DEN/Cond. Adm. Ord.

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

PS Form 3800, August 2006

2014 0150 0001 9588 9875

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

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:

Andrea Francinne Carder
 4300 Crooked Tree Rd. SW, Apt. 6
 Wyoming, MI 49519
 rlg/14-1198-DEN/Cond. Adm. Ord.

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 JAN 12 2015
 Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

7633 Walnut
 Jenison Mi 49428

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) 7014 0150 0001 9588 9875