

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

DEC 14 2015

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
WILLIAM BRADEN GARRETT, a licensed)
insurance producer in the State of Oklahoma,)
)
Respondent.)

Case No. 15-0827-DIS

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 licensed by the State of Oklahoma as a resident insurance producer holding license number 0000087042. His address of record with the Oklahoma Insurance Department is 12904 Riveroaks Dr., Oklahoma City, Oklahoma 73142.

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).

ALLEGATIONS OF FACT

1. On or about April 15, 2015, Oklahoma Insurance Department Anti-Fraud Investigators Lewis Garrison (“Garrison”) and Tyler Stiles (“Stiles”) interviewed Angela Prater (“Prater”), a former employee of Respondent, in connection with an investigation. Prater was formerly licensed as an insurance producer in the State of Oklahoma holding license number 0000102413. Prater’s license expired on or about August 31, 2012. A copy of Prater’s licensee summary is attached as Petitioner’s Exhibit A.

2. During the course of the April 15th interview, Prater admitted to Garrison and Stiles that, while employed by Respondent (up until her termination), she had written insurance policies “nearly every day” after her Oklahoma insurance producer license had expired and had used Respondent’s signature when writing the policies. Prater stated that Respondent knew that both herself and another former employee, Kimberly Kuhlman (“Kuhlman”), were not licensed as insurance producers with the Oklahoma Insurance Department and allowed them to each write insurance business as his employees without proper licensure.

3. On or about June 1, 2015, Garrison and Stiles interviewed Kuhlman. Kuhlman was formerly licensed as an insurance producer in the State of Oklahoma holding license number 0000025346. Kuhlman’s license expired on or about September 30, 2011. A copy of Kuhlman’s licensee summary is attached as Petitioner’s Exhibit B.

4. During the course of the June 1st interview, Kuhlman admitted that, while employed by Respondent, she had engaged in the activities of an insurance producer, including the selling of insurance policies, after the expiration date of her previous license. Within that, Kuhlman stated that Respondent knew that she did not have an insurance producer license. Kuhlman also used Respondent’s signature when writing policies as an employee of Respondent.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 1435.13(A)(8); using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business in this state or elsewhere.
2. Respondent violated 36 O.S. § 1435.13(A)(10); knowingly accepting insurance business from an individual who is not licensed.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is **CENSURED** and **FINED ONE THOUSAND DOLLARS (\$1,000.00)** for using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business in this state or elsewhere and knowingly accepting insurance business from an individual who is not licensed. **The \$1,000.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$1,000.00 civil fine shall be paid by money order or cashier's check. Failure to pay the civil fine or request a hearing within thirty (30) days may result in further administrative action.


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 14th day of December, 2015.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



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 via regular mail and by certified mail, with postage prepaid and return receipt requested, on this 14th day of December, 2015, to:

Kathryn D. Terry
Counsel for Respondent
Phillips Murrah, P.C.
101 North Robinson, Suite 1300
Corporate Tower
Oklahoma City, OK 73102

CERTIFIED MAIL NO. 7015 0640 0002 7406 4657

and a copy was delivered to:

Licensing Division

Anti-Fraud Division



Barron B. Brown
Assistant General Counsel

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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Certified Mail Fee \$ 3.45

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 0.92

Total Postage and Fees \$ _____



Sent To _____

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

Phillips Murrah, P.C.
 ATTN: Kathryn D. Terry
 101 N. Robinson, Suite 1300
 Corporate Tower
 Oklahoma City, OK 73102
 rlg/15-0827-DIS(BBB)/Cond. Adm. Ord.

PS Form 3800, April 2015 PSN

7015 0640 0002 7406 4657

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

OKLAHOM:
 Phillips Murrah, P.C.
 ATTN: Kathryn D. Terry
 101 N. Robinson, Suite 1300
 Corporate Tower
 Oklahoma City, OK 73102
 rlg/15-0827-DIS(BBB)/Cond. Adm. Ord.



9590 9403 0272 5155 1335 99

2. Article Number (Transfer from service label)

7015 0640 0002 7406 4657

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____

Agent
 Addressee

B. Received by (Printed Name) _____

DEC 15 2015
 Date of Delivery

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

DEC 21 2015

Legal Division

3. Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt



Licensee Summary



[Most Recently Viewed](#)

SSN
FEIN

SSN/FEIN: License Number: NPN:

[\(Comprehensive History\)](#)
[Expand / Collapse All](#)

[Market Individual Search](#)

[\(License Print History\)](#)

[\(Optional Data\)](#) [\(Optional Data History\)](#)

LICENSEE DEMOGRAPHICS

[\(Name & Address History\)](#) [\(Block History Report\)](#)

Name: PRATER, ANGELA D	SSN: 444-80-4956	Natl Producer#: 6064532
DBA/Trade Name:	Is Resident?: Yes	Domicile State: OKLAHOMA
Date of Birth: 05/26/1976	Is Blocked?: Yes (2)	Veteran Status: N
Employer Name:	E Flag: No	C Flag: No
CRD#:		

License Class	Status	Effective Date	Expiration Date
Producer	Inactive	09/01/2010	08/31/2012

[Background Questions History Report](#)

Residence Address	Business Address	Mailing Address
2125 SW 55TH OKLAHOMA CITY, OK 73119	1346 SW 59TH ST OKLAHOMA CITY, OK 73119	1346 SW 59TH OKLAHOMA CITY, OK 73119
County:	County:	County:
Country: United States	Country: United States	Country: United States
Email:	Email:	Web Toll Free Number:
Phone: 405-425-9727	angela.prater@metroexpressins.com	Site: Email:
Toll Free Number:	Phone: 405-682-6700	Extn:
Mobile Number:	Secondary/Toll Free Phone:	
	Toll Free Number:	
	Mobile Number:	
	Fax: 405-682-6781	

[Exam Details](#)

[Producer LICENSE INFORMATION](#) [\(amend\)](#) [\(Status History\)](#)

License #: 0000102413	Status: Inactive	Status Date: 09/01/2013
First Active Date: 08/17/2000	Effective Date: 09/01/2010	Expiration Date: 08/31/2012
Legacy License ID: 1-7643	Renewal Sent?: No	
Designated Home		

State:

Education Transcript

CE Compliant?	Yes	Compliance Date:	01/15/2013	CE Course Completions	
CE Start Date:	09/01/2010	General Target:	21.0	General Credits:	20.0
CE End Date:	08/31/2012		(including 2.0 Legislative Update)		
		Ethic Target:	3.0	Ethic Credits:	3.0
				Legislative Update Credits:	4.0
				General Carryover:	1.0

Line Name (add) (delete) (Loa History)	Qualification	School Code	Exam/Cert Date	Line Status	Status Date	Effective Date
No lines assigned						

CORRESPONDENCE LIST

[\(Create Correspondence\)](#)

Letter Type	Category	Created By	Distribution Type	Creation Date	Email Address	Email Address Type		Details
<input type="checkbox"/> Show Correspondence								

Attachment Details

[\(View All Attachments\)](#) [\(External Attachment Filing\)](#) [\(Search Attachments\)](#) [\(Upload Attachment\)](#) [\(Print PDF Files\)](#)

Show Attachments

RELATIONSHIP

[Terminate Relationship](#)

[\(Relationship History\)](#)

License Number: <input type="text"/>		<i>(Click the magnifying glass to search for Licensee Relationship)</i>	<input type="button" value="Search"/>				
Relationship Status	Relationship Type	License Type	Related License Number	Related Licensee Name	Related License Type	DLN	Effective Date
No data available.							

LICENSE NOTES [\(Add New Note\)](#)

[\(Notes History\)](#)

Created By	Date Updated	License Notes Group	Notes	Update
<input type="checkbox"/> Show Notes				
<input type="checkbox"/> Show Notes				

[Add Appointment](#)

APPOINTMENTS

[\(Appointment History\)](#)

No appointments found.

BUSINESS ENTITY AFFILIATIONS

[\(DRLP History\)](#)

No data available.

Owners, Partners, Officers and Directors

[\(OPOD History\)](#)

No data available.

BRANCH OFFICES [\(Maintenance\)](#)

Branch Number	Effective Date	Branch Address	City, State ZIP
No branch offices found.			

FOLLOW-UP INFORMATION

[\(Add Follow-Up Information\)](#)

Follow-up Date	Is Completed	Completion Date	Created By	Date Updated	Notes	Update
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FEE DETAILS

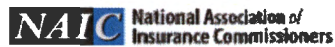
Source	Transaction Date	State Fee	CC/E-Check Fee	Transaction Fee	Check/CC Number	Check/CC Date	Check/CC Amount	Check Returned?	Refund?	Account#	Distribution ID
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Show Fees

SBS 2014 Fall Warranty

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Licensee Summary



[Most Recently Viewed](#)

SSN
FEIN

SSN/FEIN: License Number: NPN:

[\(Comprehensive History\)](#)
[Expand / Collapse All](#)

[Market Individual Search](#)

[\(License Print History\)](#)

[\(Optional Data\)](#) [\(Optional Data History\)](#)

LICENSEE DEMOGRAPHICS

[\(Name & Address History\)](#) [\(Block History Report\)](#)

Name: KUHLMAN, KIMBERLY	SSN: 217-76-6545	Natl Producer#: 6526644
DBA/Trade Name:	Is Resident?: Yes	Domicile State: OKLAHOMA
Date of Birth: 11/23/1971	Is Blocked?: Yes (2)	Veteran Status: N
Employer Name:	E Flag: No	C Flag: No
CRD#:		

License Class	Status	Effective Date	Expiration Date
Producer	Inactive	10/01/2009	09/30/2011
Residence Address		Business Address	
1824 E STATE HIGHWAY 152 MUSTANG, OK 73064		1824 E STATE HIGHWAY 152 MUSTANG, OK 73099	
County:		County:	
Country: United States		Country: United States	
Email:		Email:	
Phone:		kim.kuhlman@metroexpressins.com	
Toll Free Number:		Phone: 405-682-6700	
Mobile Number:		Secondary/Toll Free Phone:	
		Toll Free Number:	
		Mobile Number:	
		Fax:	

[Background Questions History Report](#)

Mailing Address
1824 E STATE HIGHWAY 152
MUSTANG, OK 73064
County:
Country: United States

Web Toll Free Number:
Site: Email:

Extn:

[Exam Details](#)

[Producer LICENSE INFORMATION](#) [\(amend\)](#) [\(Status History\)](#)

License #: 0000025346	Status: Inactive	Status Date: 10/01/2012
First Active Date: 09/14/2001	Effective Date: 10/01/2009	Expiration Date: 09/30/2011
Legacy License ID: 1-8145	Renewal Sent? No	
Designated Home		

State:

Education Transcript

CE Compliant?	Yes	Compliance Date:	02/20/2012	<u>CE Course Completions</u>	
CE Start Date:	10/01/2009	General Target:	21.0	General Credits:	19.0
CE End Date:	09/30/2011		(including 2.0 Legislative Update)		
		Ethic Target:	3.0	Ethic Credits:	3.0
				Legislative Update Credits:	2.0
				General Carryover:	4.0

<u>Line Name</u> (add delete) (Loa History)	Qualification	School Code	Exam/Cert Date	Line Status	Status Date	Effective Date
No lines assigned						

CORRESPONDENCE LIST

[\(Create Correspondence\)](#)

Letter Type	Category	Created By	Distribution Type	Creation Date	Email Address	Email Address Type		Details
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Show Correspondence

Attachment Details

[\(View All Attachments\)](#) [\(External Attachment Filing\)](#) [Search Attachments](#) [\(Upload Attachment\)](#) [\(Print PDF Files\)](#)

Show Attachments

RELATIONSHIP

[Terminate Relationship](#)

[\(Relationship History\)](#)

License Number: [\(Click the magnifying glass to search for Licensee Relationship\)](#)

Relationship Status	Relationship Type	License Type	Related License Number	Related Licensee Name	Related License Type	DLN	Effective Date
No data available.							

LICENSE NOTES [\(Add New Note\)](#)

[\(Notes History\)](#)

Created By	Date Updated	License Notes Group	Notes	Update
<input type="checkbox"/> Show Notes				
<input type="checkbox"/> Show Notes				

[Add Appointment](#)

APPOINTMENTS

[\(Appointment History\)](#)

No appointments found.

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[\(DRLP History\)](#)

No data available.

Owners, Partners, Officers and Directors

[\(OPOD History\)](#)

No data available.

BRANCH OFFICES [\(Maintenance\)](#)

Branch Number	Effective Date	Branch Address	City, State ZIP
No branch offices found.			

FOLLOW-UP INFORMATION

[\(Add Follow-Up Information\)](#)

Follow-up Date	Is Completed	Completion Date	Created By	Date Updated	Notes	Update
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FEE DETAILS

Source	Transaction Date	State Fee	CC/E-Check Fee	Transaction Fee	Check/CC Number	Check/CC Date	Check/CC Amount	Check Returned?	Refund?	Account#	Distribution ID
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Show Fees

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