

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
NOV 02 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN DOAK, Insurance Commissioner,  
Petitioner,  
v.  
RITA S. WEILER, a/k/a RITA SPALLETTI,  
a nonresident insurance adjuster,  
Respondent.

Case No. 15-1218-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, Dan R. Byrd, 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 a nonresident insurance adjuster in the State of Oklahoma holding license number 40095131. Respondent's business address of record is TriStar Risk Management, 833 Chestnut Street, Suite 720, Philadelphia, PA 19107.

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 renewal of her nonresident insurance adjuster license on or about August 11, 2015 with the Oklahoma Insurance Department (OID). On the application form, the second question in the STATE -SPECIFIC INFORMATION FOR OK section asks the following: “A Non-Resident Licensed Adjuster in the state of Oklahoma must complete the required Continuing Education hours as set forth by Oklahoma Statutes. OR a Non-Resident Licensed Adjuster may complete Continuing Education requirements in a state where the Non-Resident licensee is currently licensed and is in good standing with the state’s Continuing Education requirement. Have you met one of the Continuing Education requirements above? (I understand that at the request of the Oklahoma Insurance Department, I may be required to submit the course completions.)” Respondent answered “Yes” to this question.

2. Question 2A in the STATE-SPECIFIC INFORMATION FOR OK section of the application form states “Please provide the state code in which CE requirements were met.” Respondent listed “FL.”

3. On August 11, 2015, Brandon R. Brummett, OID Licensing Administrator, requested Respondent to provide a copy of her Florida Continuing Education transcript to verify that she was CE complaint during her prior license term. Respondent provided a CE transcript that indicated she had completed 4 hours of CE. Mr. Brummett informed Respondent that if she was completing Florida CE that their CE requirement was 24 CE credits (\*The 24 hours must include 2 hours of ethics credit, 10

hours of law, and 12 hours of optional topics.) and provided Respondent with O.A.C. 365:25-3-14(d), which states: “(d) **Continuing education requirements.** (1) CE during twenty-four month period. All licensees shall complete the required hours of continuing education as set forth in Section 6217(B) of Title 36 of the laws of this state during each twenty-four month period. The twenty-four month period begins the first day after the license is granted. (2) **Certificates of course completion required for license renewal.** If requested by the Insurance Department, each adjuster shall submit upon each licensing renewal a certificate(s) of course completion as approved by the Insurance Department, which verifies courses completed during the previous twenty-four month period ... (6) **Prerequisite for renewal or reinstatement.** As a prerequisite for license renewal or prior to reinstatement following a lapse of license, an adjuster must demonstrate that the education requirements have been reported for the previous renewal cycle.”

4. On August 13, 2015, Respondent advised the OID “I will let the license expire, and have my credit card company dispute the charges. I renewed my FL license this year, and they did not require any further credits. Thus, when I answered the question on your application, it was under the belief that my credits were up to date. I have never been asked for CE credits in the 6 years I have had an OK license, and do not intend to obtain them now.”

5. As of the date of this Order, Respondent has failed to provide any CE transcript to the OID that would verify she was CE compliant for her previous renewal cycle.



### ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 6220(A)(1); material misrepresentation or fraud in obtaining an adjuster's license by indicating on her renewal application that she had completed the CE requirement when she had not.

2. Respondent violated 36 O.S. § 6217(B) and O.A.C. 365:25-3-14 by failing to provide the OID with evidence that she had completed her required CE for her previous license renewal cycle.

### ORDER

**IT IS THEREFORE ORDERED** by the Insurance Commissioner that Rita S. Weiler, a/k/a Rita Spalletti is **CENSURED** for material misrepresentation or fraud in obtaining an adjuster's license and for failing to provide evidence that she had completed her required CE for her previous license renewal cycle.

**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 Dan R. Byrd, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> 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 2nd day of November, 2015.



JOHN DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> St., Suite 100  
Oklahoma City, OK 73112

**CERTIFICATE OF MAILING**

I, Dan R. Byrd, 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 2nd day of November, 2015, to:

Rita S. Weiler a/k/a Rita Spalletti  
1009 Old Ford Road  
Huntingdon Valley, PA 19006

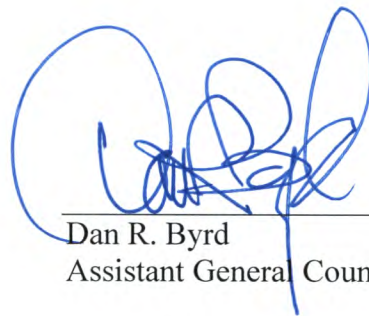
**CERTIFIED MAIL NO. 7015 0640 0002 7406 8778**

and a copy was delivered to:

Brandon Brummett  
Licensing Division

and

Courtney Phipps  
Licensing Division



---

Dan R. Byrd  
Assistant General Counsel

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

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

**OFFICIAL USE**

7015 0640 0002 7406 8778

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. No., or PO Box \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Rita S. Weiler a/k/a Rita Spalletti  
 1009 Old Ford Road  
 Huntingdon Valley, PA 19006  
**15-1218-DIS/DRB(mt)**  
**(Cond.Admin.Ord.~11-02-15)**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Rita S. Weiler</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <b>11/5</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Rita S. Weiler a/k/a Rita Spalletti                      1009 Old Ford Road                      Huntingdon Valley, PA 19006  <b>15-1218-DIS/DRB(mt)</b>  <b>(Cond.Admin.Ord.~11-02-15)</b></p>  <p>9590 9403 0272 5155 1305 81</p>	<p>RECEIVED INSURANCE DEPARTMENT                      NOV 10 2015                      Legal Division</p>
<p>2. Article Number (Transfer from service label)  <b>7015 0640 0002 7406 8778</b></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>