

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
OCT 28 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
KIM REED SMITH,)
an applicant for a nonresident insurance)
producer license,)
)
Respondent.)

Case No. 15-1227-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, 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 an applicant for a nonresident insurance producer license in the State of Oklahoma. Respondent's address of record is 7815 Deerwood Lake Dr., Humble, TX 77346-6040.

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 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. Respondent applied for a nonresident insurance producer license on or about October 16, 2015 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 his record: a Cease and Desist Order and a monetary penalty of \$1,000 with the Nevada Division of Insurance that occurred on or about February 7, 1997 (State Regulatory Information Retrieval System ("RIRS") Identifier: 1R_2095299). Respondent did not properly disclose the aforementioned administrative action in the license application.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 1435.13(A)(1); by providing incorrect, misleading, incomplete or materially untrue information in his license application.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Kim Reed Smith is **FINED ONE HUNDRED AND FIFTY DOLLARS (\$150.00)** for providing incorrect, misleading, incomplete or materially untrue information in his license application. **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 producer 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.

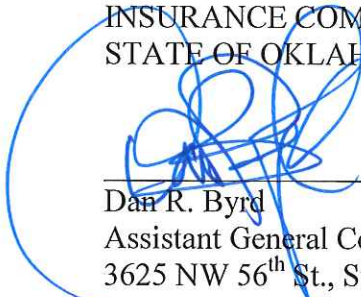
IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties 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 Dan R. Byrd, 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 28th day of October, 2015.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Dan R. Byrd
Assistant General Counsel
3625 NW 56th St., Suite 100
Oklahoma City, OK 73112

CERTIFICATE OF MAILING

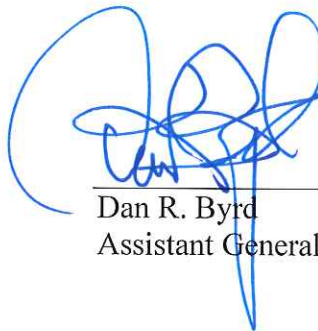
I, Dan R. Byrd, hereby certify that a true and correct copy of the above and foregoing Conditional Administrative Order and Notice of Right to be Heard was mailed by certified mail, with postage prepaid and return receipt requested, on this 28th day of October, 2015, to:

Kim Reed Smith
7815 Deerwood Lake Dr.
Humble, TX 77346-6040

CERTIFIED MAIL NO. 7015 0640 0002 7406 8624

and a copy was delivered to:

DeAnna Hughes
Licensing Division



Dan R. Byrd
Assistant General Counsel

7015 0640 0002 7402 9042 8624

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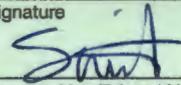

Street and Apt. No., or PO Box #

City, State, ZIP+4®

Kim Reed Smith
7815 Deerwood Lake Dr.
Humble, TX 77346-6040
15-1227-DEN/DRB(mt)
(Cond.Adm.Ord.~10-28-15)



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"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Kim Reed Smith 7815 Deerwood Lake Dr. Humble, TX 77346-6040 15-1227-DEN/DRB(mt) (Cond.Adm.Ord.~10-28-15)</p> </div>  <p>9590 9403 0272 5155 1309 18</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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;"> <p>INSURANCE DEPARTMENT NOV 10 2015</p> </div>
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0002 7402 9042 8624</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	