

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
DEC 02 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

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

Petitioner, )

v. )

Case No. 15-1328-DEN

BIANCA MONIQUE JONES, )  
an applicant for a resident insurance )  
producer license, )

Respondent. )

**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 resident insurance producer license in the State of Oklahoma. Respondent's address of record is 2038 NW 26<sup>th</sup> Street, Apt. 4, Oklahoma City, OK 73106.

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 resident insurance producer license on or about November 23, 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 her record: a Consent Order with a resident insurance license issued on a probationary status of twelve (12) months by the Office of Commissioner of Insurance State of Georgia on or about July 7,

2015 (State Regulatory Information Retrieval System (“RIRS”) Identifier: 11015213\_58745). 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 Bianca Monique Jones is **CENSURED** for providing incorrect, misleading, incomplete or materially untrue information in his license application.

**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 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.

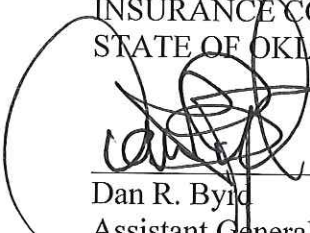
Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the 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 December, 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**

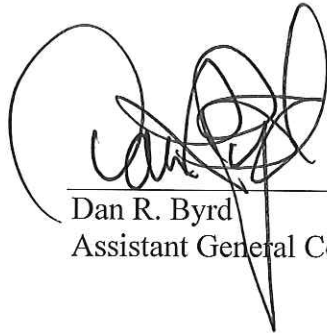
I, Dan R. Byrd, hereby certify that a true and correct copy of the above and foregoing Conditional Administrative Order and Notice of Right to be Heard was mailed by certified mail, with postage prepaid and return receipt requested, on this 2nd day of December, 2015, to:

Bianca Monique Jones  
2038 NW 26<sup>th</sup> Street, Apt. 4  
Oklahoma City, OK 73106

**CERTIFIED MAIL NO. 7015 0640 0002 7406 8259**

and a copy was delivered to:

Karen Wojtek  
Licensing Division

A handwritten signature in black ink, appearing to read 'Dan R. Byrd', is written over a horizontal line. The signature is stylized and somewhat illegible.

Dan R. Byrd  
Assistant General Counsel



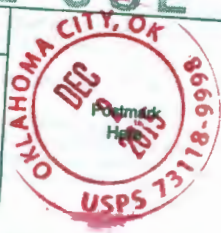
7015 0640 0002 7406 8259

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$



Bianca Monique Jones  
2038 NW 26TH Street, Atp. 4  
Oklahoma City, OK 73106  
15-1328-DEN/DRB(mt)  
(Cond.Adm.Ord. ~12-02-15)

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

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:

Bianca Monique Jones  
2038 NW 26TH Street, Atp. 4  
Oklahoma City, OK 73106  
15-1328-DEN/DRB(mt)  
(Cond.Adm.Ord. ~12-02-15)



2. Article Number (Transfer from service label)

7015 0640 0002 7406 8259

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

X

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

RECEIVED

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

DEC 08 2015

Legal Division

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

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

Domestic Return Receipt