



1301 through 1340 may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.

**ORDER**

**IT IS THEREFORE ORDERED** that Bret Todd is **FINED** Two Hundred Fifty Dollars (\$250.00). Fine to be paid within thirty days of receipt of order. **Failure to pay fine within the thirty days allotted shall result in suspension of license.**

Respondent is further notified that he may request a hearing within 30 days of receipt of this Order, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Kelley C. Callahan, Senior Attorney, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112, and shall specify the grounds to be relied upon as a basis for relief demanded at the hearing.

If Respondent does not request a hearing within the 30 days allotted, this Conditional Administrative Order shall become a FINAL ORDER on the 31<sup>st</sup> day following Respondent's receipt of the Order.

WITNESS My Hand and Official Seal this 30<sup>th</sup> day of March, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

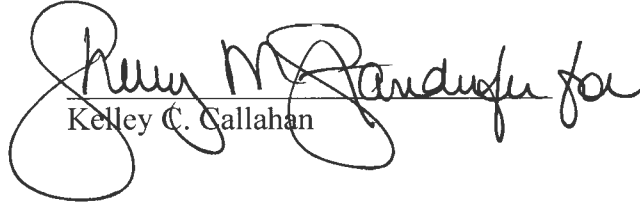
KELLEY C. CALLAHAN  
Senior Attorney  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma 73112  
Tel. (405) 521-2746

**CERTIFICATE OF MAILING**

I 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 certified, return receipt requested, on this 30<sup>th</sup> day of March, 2016, to:

Brett Todd  
313 State St.  
Muskogee, Oklahoma 74401-6350

**Certified Mail No.**  
**7015 3010 0001 4604 1096**

  
Kelley C. Callahan

**U.S. Postal Service™**  
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Adult Signature Required \$ \_\_\_\_\_

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

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



Sent To  
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Street and Apt. No., or PO Box #  
 \_\_\_\_\_

City, State, ZIP+4®  
 \_\_\_\_\_

Brett Todd  
 313 State St.  
 Muskogee, Oklahoma 74401-6350  
**sms/16-0262-DIS/Cond Ord**

PS Form 3800, April 2015 PSN

7015 3010 0001 4604 1096

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  <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <i>4-9-16</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Brett Todd                      313 State St.                      Muskogee, Oklahoma 74401-6350  <b>sms/16-0262-DIS/Cond Ord</b></p> </div> <p>9590 9402 1346 5285 6048 62</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, enter delivery address below: _____</p> <p>Legal Division  <i>APR 09 2016</i></p>
<p>2. Article Number (Transfer from service label)  <b>7015 3010 0001 4604 1096</b></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

Domestic Return Receipt