

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
APR 18 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN)
D. DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
JASON PAUL WARD, a licensed)
insurance producer in the State of Oklahoma,)
)
Respondent.)

Case No. 16-0304-DIS

AMENDED CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner,
by and through his attorney, Dan R. Byrd, and alleges and states as follows:

JURISDICTION

1. John D. 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, Jason Paul Ward, is an Oklahoma insurance producer holding license number 85536.
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 March 24, 2016, the Oklahoma Insurance Department (the "Department") was notified by the NAIC of FINRA disciplinary actions and suspension for the months of September and October 2015. Respondent's FINRA Case #2013038431801 indicated that Respondent was fined \$5000 and suspended from association with any FINRA member in any capacity for 45 days. That without admitting or denying the findings, Respondent consented to the sanctions and to the entry of findings that he failed to disclose his involvement in two outside business activities to his member firms. The findings stated that in connection with his hiring at one of the firms, Respondent falsely stated on a firm outside business activity form that he was not involved in any outside business activity. Respondent's suspension was in effect from September 8, 2015, through October 22, 2015.

2. Respondent failed to notify the Department of the above referenced administrative action regarding his FINRA suspension, \$5000 fine and administrative action taken against him.

CONCLUSIONS OF LAW

1. Respondent violated O.A.C. 365:10-9-17 by failing to report to the Department the administrative action regarding his FINRA suspension, \$5000 fine and administrative action taken against him.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 1435.13(A)(2) by violating an insurance law and regulation O.A.C. 365:10-9-17 and as a result Respondent is **FINED** in the amount of Two Hundred Fifty Dollars (\$250.00). Fine to be paid within thirty (30) days of receipt of this Order.


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 Street, 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 18th day of April, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112
Telephone: (405) 521-2746
Facsimile: (405) 522-0125

CERTIFICATE OF MAILING

I, Dan R. Byrd, hereby certify that a true and correct copy of the above and foregoing *Amended Conditional Administrative Order and Notice of Right to be Heard* was mailed by certified mail with postage prepaid and return receipt requested on this 15th day of April, 2016 to:

Jason Paul Ward
6933 Greenbriar Dr.
Owasso, OK 74055

CERTIFIED MAIL NO: 7015 3010 0001 4604 2208

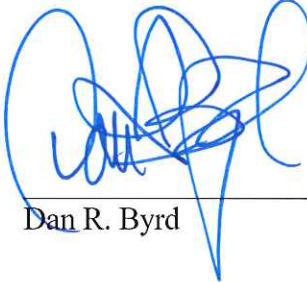
and that notification was sent to:

NAIC/RIRS

and that a copy was delivered to:

Courtney Phipps
Licensing Division

Karen Wojtek
Licensing Division



Dan R. Byrd

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

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

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
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Total Postage and Fees
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Street and Apt. No., or PO Box

City, State, ZIP+4®

Jason Paul Ward
 6933 Greenbriar Dr.
 Owasso, OK 74055
 16-0162-DIS/DRB(mt)
 (Amend.Cond.Adm.Ord. & Notice 4-18-16)

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

7015 3010 0001 4604 2208

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 X <i>Jason Paul Ward</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) J. WARD</p> <p>C. Date of Delivery 4/20/16</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Jason Paul Ward 6933 Greenbriar Dr. Owasso, OK 74055 16-0162-DIS/DRB(mt) (Amend.Cond.Adm.Ord. & Notice 4-18-16) </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below: _____</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7015 3010 0001 4604 2208</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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)	
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 OKLAHOMA INSURANCE DEPARTMENT
 APR 23 2016
 Legal Division

