

**BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA**

**FILED**  
AUG 10 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

<b>STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,</b>	)	
	)	
<b>Petitioner,</b>	)	
	)	
<b>vs.</b>	)	<b>CASE NO. 16-0311-DIS</b>
	)	
<b>JOHN D. SLEEPER AGENCY, INC., a licensed business entity insurance producer in the State of Oklahoma,</b>	)	
	)	
<b>Respondent.</b>	)	

**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 counsel, Dan R. Byrd, and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code 36 O.S. §§ 101-7004.
2. Respondent John D. Sleeper Agency, Inc. (“Respondent”) is a licensed business entity insurance producer in the State of Oklahoma holding license number 10010412.

**FINDINGS OF FACT**

1. On or about November 24, 2015, a Request for Assistance from a consumer was received by the Consumer Assistance Division of the Oklahoma Insurance Department (“OID”). The OID file number for this matter is #54311.
2. On November 25, 2015, an inquiry along with the Request for Assistance from the

consumer was sent to Respondent requesting that Respondent review the correspondence and provide an adequate written explanation regarding Respondent's position taken in this matter no later than thirty (30) days from the date of OID's letter. The thirtieth (30<sup>th</sup>) day after the date of the OID inquiry was December 25, 2015. Respondent did not respond to the inquiry.

3. On or about January 12, 2016, OID sent a second letter to Respondent requesting that Respondent provide a response to the inquiry of November 25, 2015. Respondent did not respond to the inquiry.

4. On March 28, 2016, OID Legal Division filed a Conditional Administrative Order and Notice of Right to be Heard in the above referenced matter that was sent via Certified Mail No. 7015 3010 0001 4604 1454 to Respondent and signed for by Respondent, which fined Respondent \$500.00 for not responding to the inquiry in violation of 36 O.S. § 1250.4B) and ordered Respondent to respond to the inquiry. Respondent did not pay the \$500.00 fine, did not respond to the inquiry, or request a hearing.

5. As of the date of this Order Respondent has failed to provide any response to the inquiry.

6. A copy of the inquiry that was not timely responded to by Respondent is attached as "Exhibit A."

7. A copy of OID's letter of January 12, 2016 to Respondent is attached as "Exhibit B."

8. Every agent, adjuster, administrator, insurance company representative, or insurer upon receipt of any inquiry from the Commissioner shall, within thirty (30) days from the date of the inquiry, furnish the Commissioner with an adequate response to the inquiry. 36 O.S. § 1250.4(B).

9. 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 or may levy a civil penalty in accordance with subsection D of this section or any combination of actions, for any one or more of the following causes: ... 2. Violating any insurance laws, or violating any regulation, subpoena or order of the Insurance Commissioner or of another state's Insurance Commissioner. 36 O.S. § 1435.13(A)(2).

### **CONCLUSION**

The allegations are found to be true and correct and Respondent has violated 36 O.S. §§ 1250.4(B) and 1435.13(A)(2) by failing to furnish an adequate response to an inquiry from the Commissioner within thirty (30) days from the date of the inquiry as is required by 36 O.S. § 1250.4(B).

### **ORDER**

**IT IS THEREFORE ORDERED that Respondent shall provide a response to the inquiry referenced above and is fined in the amount of One Thousand Dollars (\$1,000.00). The response and fine are to be submitted to the Oklahoma Insurance Department within thirty (30) days of the date of this Order.**

Respondent is further notified that it may request a hearing within thirty (30) days of the receipt of this Order concerning this action and upon such request the OID shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Dan R. Byrd, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and state the basis for requesting the hearing.

**If Respondent has not paid the fine ordered herein and provided a response to the inquiry referenced above, and does not request a hearing within the thirty (30) days allotted,**

**this Order shall become a FINAL ORDER on the thirty-first (31<sup>st</sup>) day following the receipt of the Order, Respondent's license shall be immediately suspended, and the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 18<sup>th</sup> day of August, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in blue 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  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
(405) 521-2749

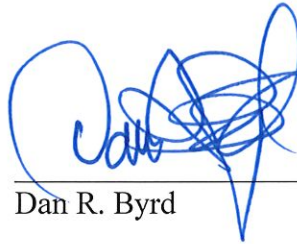
**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing Order was mailed certified, return receipt requested on this 10<sup>th</sup> day of August, 2016, to:

John D. Sleeper Agency, Inc.  
ATTN: John D. Sleeper  
902 S. Arthur  
Wagoner, OK 74467

**CERTIFIED MAIL NO:  
7016 0910 0000 5833 7842**

Copy to: April Morris CIC CISR  
Property and Casualty Analyst



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Dan R. Byrd

**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

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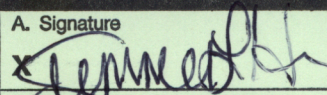
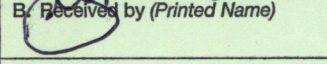



Certified Mail Fee \$ \_\_\_\_\_  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ \_\_\_\_\_  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
**Total Postage and Fees** \$ \_\_\_\_\_  
 Sent To \_\_\_\_\_  
 Street and Apt. No., or PO Box \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_

John D. Sleeper Agency, Inc.  
 Attn: John D. Sleeper  
 902 S. Arthur  
 Wagoner, OK 74467  
 16-0311-DIS/DRB(mt)  
 (Amend.Cond.Adm.Ord. & Notice~ 8-10-16)

7016 0910 0000 5833 7842

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>	A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) 	C. Date of Delivery 8/12/16
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">                         John D. Sleeper Agency, Inc.                          Attn: John D. Sleeper                          902 S. Arthur                          Wagoner, OK 74467                          16-0311-DIS/DRB(mt)                          (Amend.Cond.Adm.Ord. &amp; Notice~ 8-10-16)                     </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, enter delivery address below:	
 9590 9402 1736 6074 9184 73	<b>RECEIVED</b> <b>OKLAHOMA INSURANCE DEPARTMENT</b> <b>AUG 16 2016</b> <b>Legal Division</b>	
	2. Article Number (Transfer from service label) 7016 0910 0000 5833 7842	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"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

November 25, 2015

JOHN D SLEEPER AGENCY INC  
PO BOX 279  
WAGONER OK 74477-0279

RE: ~~XXXXXXXXXX~~  
OID FILE NUMBER: 54311

Ladies and Gentlemen:

Enclosed you will find a copy of a Request for Assistance we have received from the above inquirer. Please review this correspondence and advise this office of your position. We ask that you use our file number on all correspondence concerning this inquiry.

Section 1250.4 (B) of the Oklahoma Insurance Code requires that your company provide this Department with an adequate written explanation regarding your position taken in this matter. Your response must be received by this office no later than thirty (30) days from the date of this letter.

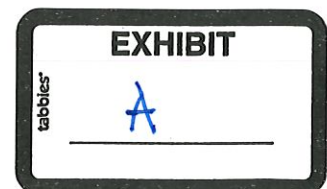
Your response must include the full name of the insuring company and the corresponding NAIC company code. This will ensure that we associate the record of the complaint with the appropriate entity. We also request that you provide a copy of the policy in question, and further request that you provide a specific contact person who will be handling this matter, their direct telephone number and e-mail address.

Thank you in advance for your assistance and your timely response. This department looks forward to working with you in resolving the insurance problems of this consumer.

Sincerely,

April Morris CIC CISR  
Property and Casualty Analyst  
Consumer Assistance/Claims Division  
April.Morris@oid.ok.gov  
(405)521-2991 Phone (405) 521-6652 Fax

Enclosure



January 12, 2016

JOHN D SLEEPER AGENCY INC  
PO BOX 279  
WAGONER OK 74477-0279

RE: ~~CONFIDENTIAL~~  
OID FILE NUMBER: 54311

Ladies and Gentlemen:

This letter is in reference to our recent inquiry regarding the referenced matter, a copy of which is attached for your easy reference.

Our files indicate that we have not received a reply to our inquiry. Please be advised that failure to furnish the Insurance Department with an adequate response to any inquiry within thirty (30) days from the date of the inquiry constitutes violation of 36 O.S. §1250.4.

Please give this matter your immediate attention and forward your reply so this office can evaluate your position and reply to the complainant.

Sincerely,

April Morris CIC CISR  
Property and Casualty Analyst  
Consumer Assistance/Claims Division  
April.Morris@oid.ok.gov  
(405) 521-2991 Fax:(405) 521-6652

Enclosure

