

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

FILED
MAY 20 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN)
D. DOAK, Insurance Commissioner,)
)
Petitioner,)
v.)
)
KIRK FUNERAL HOME,)
Prepaid Funeral Services Permit No: 863341,)
)
Respondent.)

Case No. 16-0463-DIS

**CONDITIONAL ADMINISTRATIVE ORDER AND
NOTICE OF RIGHT TO BE HEARD**

The State of Oklahoma, ex rel., John D. Doak, Insurance Commissioner, by and through his attorney, Sara A. Worten, alleges and states as follows:

JURISDICTION AND AUTHORITY

1. John D. Doak as Insurance Commissioner of the State of Oklahoma is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., including the Prepaid Funeral Benefits Act 36 O.S. §§ 6121-6136.18.
2. Respondent Kirk Funeral Home ("Respondent") is a permitted provider of Prepaid Funeral Benefit Contracts in the State of Oklahoma and holds Permit Number 863341.
3. Pursuant to 36 O.S. § 6130 (B) the Insurance Commissioner may censure, suspend, or revoke a prepaid funeral permit or impose a fine in the amount of \$100.00 to \$1,000.00 or impose both such punishment and fine, for violating any provision of the Prepaid Funeral Benefits Act.

FINDINGS OF FACT

1. Pursuant to 36 O.S. § 6218, the annual report is due on or before March 15 of each year in such form as the Insurance Commissioner may require.
2. Respondent submitted its Annual Report to the Oklahoma Insurance Department (the "Department") on March 17, 2016, two (2) day after the statutorily imposed deadline.

CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 6128 by failing to timely submit its Annual Report to the Department.
2. The Insurance Commissioner may censure, suspend, or revoke a prepaid funeral permit or impose a fine in the amount of \$100.00 to \$1,000.00 or impose both such punishment and fine, for violating any provision of the Prepaid Funeral Benefits Act in accordance with 36 O.S. § 6130 (B).

ORDER

IT IS THEREFORE ORDERED that Kirk Funeral Home is **CENSURED** and **FINED** One Hundred Dollars (\$100.00).

Respondent is further notified that it may request a hearing within 30 days of the receipt of this Order concerning this action, 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 Sara A. Worten, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31st day following the receipt of the Order.

WITNESS My Hand and Official Seal this 20th day of May, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue ink, appearing to read "Sara A. Worten", written over a horizontal line.

Sara A. Worten
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6350

CERTIFICATE OF MAILING

I, Sara A. Worten, hereby certify that a true and correct copy of the *Conditional Administrative Order and Notice of Right to Be Heard* was mailed on the 20th day of May, 2016 to:

Kirk Funeral Home (Certified Mail)
6 "E" Street Northwest
Ardmore, Oklahoma 73402

**CERTIFIED MAIL NO:
7015 3010 0001 4736 6860**

Oklahoma Funeral Board (Via Regular Mail)
ATTN: Chris Ferguson, Executive Director
3700 N. Classen Blvd., Suite 175
Oklahoma City, OK 73118

And a Copy Was Delivered to Shanna Johnson, Regulatory Supervisor, Prepaid Accounts,
Oklahoma Insurance Department.



Sara A. Worten
Assistant General Counsel

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

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

OFFICIAL USE



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® | _____

Kirk Funeral Home
 6 'E' Street Northwest
 Ardmore, OK 73402
16-0463-DIS/SAW(mt)
(Cond. Adm. Ord & Notice-5-20-16)

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

7015 3010 0001 4736 6860

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.

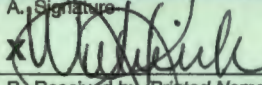
1. Kirk Funeral Home
 6 'E' Street Northwest
 Ardmore, OK 73402
16-0463-DIS/SAW(mt)
(Cond. Adm. Ord & Notice-5-20-16)



9590 9403 0272 5155 0751 03

2. Article Number (Transfer from service label)
7015 3010 0001 4736 6860

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery **5-23-16**

D. Is delivery address different from Item 1? Yes
 No
 YES, enter delivery address below: _____

MAY 25 2016
 Legal Division

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery (over \$500)

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

Domestic Return Receipt