

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

**FILED**

MAY 23 2016

INSURANCE COMMISSIONER  
OKLAHOMA

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

**v.** )

**Case No. 16-0464-DIS**

**MALLORY-MARTIN HOLDINGS, d/b/a** )  
**Agent Mallory Martin Funeral Home,** )  
**Prepaid Funeral Services Permit No: 863453;** )  
**Mallory-Martin Funeral Home & Crematory of** )  
**Stigler, Prepaid Funeral Services Permit No.** )  
**863441; and Mallory-Martin-Fisher Funeral** )  
**Home, Prepaid Funeral Services** )  
**Permit No. 863029,** )

**Respondents.**

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

The State of Oklahoma, ex rel., John D. Doak, Insurance Commissioner, alleges and states as follows:

**JURSDICTION AND AUTHORITY**

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 et seq., including the Prepaid Funeral Benefits Act: 36 O.S. §§ 6121 et seq.

2. Respondent Mallory-Martin Holdings, d/ba/ Agent Mallory Martin Funeral Home is a permitted provider of Prepaid Funeral Benefit Contracts in the State of Oklahoma and holds Permit Number 863453; Mallory-Martin Funeral Home & Crematory of Stigler is a permitted provider of Prepaid Funeral Benefit Contracts and holds Permit Number 863441; Mallory-

Martin-Fisher Funeral Home is a permitted provider of Prepaid Funeral Benefit Contracts and holds Permit Number 863029.

3. The Insurance Commissioner may censure, suspend, or revoke a prepaid funeral permit or impose a fine in the amount of \$100 to \$1,000, or impose both such punishment and fine, for violating any provision of the Prepaid Funeral Benefits Act. 36 O.S. § 6130 (B).

#### **FINDINGS OF FACT**

1. Each organization shall file an annual report with the Insurance Commissioner on or before March 15 of each year pursuant to 36 O.S. § 6128.

2. Respondents submitted their combined Annual Report to the Oklahoma Insurance Department on March 23, 2016. The Annual Report was due on March 15, 2016.

#### **CONCLUSIONS OF LAW**

Respondents failed to timely submit their Annual Report to the Department in violation of 36 O.S. § 6128.

#### **ORDER**

**IT IS THEREFORE ORDERED** that Respondents are **FINED** One Hundred Dollars (\$100.00) for failing to timely file their combined annual report.

Respondents are further notified that they 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 Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112.

If Respondents do not request a hearing within the 30 days allotted, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day following the receipt of the Order.

WITNESS My Hand and Official Seal this 23rd day of May 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

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Julie Meaders  
Deputy General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330

**CERTIFICATE OF MAILING**

I, Julie Meaders, hereby certify that a true and correct copy of the Conditional Administrative Order and Notice of Right to Be Heard was mailed on the 23<sup>rd</sup> day of May, 2016 to:

Agent Mallory Martin Funeral Home  
Todd Martin, FDIC  
P.O. Box 566  
Sallisaw, OK 74955-4619

Certified Mail No.  
7015 3010 0001 4604 0358

Mallory-Martin Funeral Home & Crematory of Stigler  
M. Douglas Martin, FDIC  
P.O. Box Box 717  
Stigler, OK 74462-0717

Certified Mail No.  
7015 3010 0001 4604 0365

Mallory-Martin-Fisher Funeral Home  
Blake Martin, FDIC  
P.O. Box 530  
Spiro, OK 74959-0530

Certified Mail No.  
7015 3010 0001 4604 0372

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

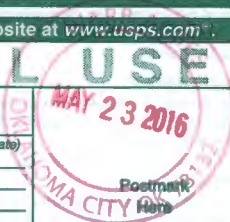
And a Copy Was Delivered to Shanna Johnson, Regulatory Supervisor, Prepaid Accounts, Oklahoma Insurance Department.

  
\_\_\_\_\_  
Julie Meaders  
Deputy General Counsel

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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 **Mallory-Martin-Fisher Funeral Home**  
 ATTN: Blake Martin, FDIC  
 P.O. Box 530  
 Spiro, OK 74959-0530  
 City, State, ZIP+4® **rg/16-0464-DIS(JAM)/Cond Adm Ord**

PS Form 3800, April 2015 PSN 7530-02-000-9053

**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:

Mallory-Martin-Fisher Funeral Home  
 ATTN: Blake Martin, FDIC  
 P.O. Box 530  
 Spiro, OK 74959-0530  
 rg/16-0464-DIS(JAM)/Cond Adm Ord



9590 9402 1346 5285 6010 76

2. Article Number (Transfer from service label)

7015 3010 0001 4604 0372

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *[Signature]*

B. Received by (Printed Name) *Blake Martin*

C. Date of Delivery **MAY 25 2016**

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

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, July 2015 PSN 7530-02-000-9053

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Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Sent To **Mallory-Martin Funeral Home & Crematory of Stigler**

Street and Apt. No., or PO Box **ATTN: M. Douglis Martin, FDIC**

**P.O. Box 717**

City, State, ZIP+4® **Stigler, OK 74462-0717**

**rlg/16-0464-DIS(JAM)/Cond Adm Ord**

PS Form 3800, April 2015 PSN 7530-02-000-9053

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Mallory-Martin Funeral Home  
 & Crematory of Stigler  
 ATTN: M. Douglis Martin, FDIC  
 P.O. Box 717  
 Stigler, OK 74462-0717  
 rlg/16-0464-DIS(JAM)/Cond Adm Ord



**2. Article Number (Transfer from service label)**

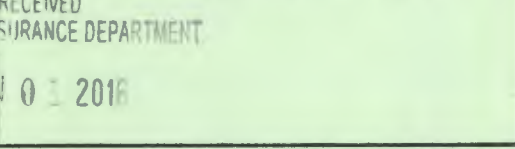
**7015 3010 0001 4604 0365**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) **M. Douglis Martin** C. Date of Delivery **5-26-16**

D. Is delivery address different from item 1?  Yes  
 No



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, July 2015 PSN 7530-02-000-9053

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**OFFICIAL USE**

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

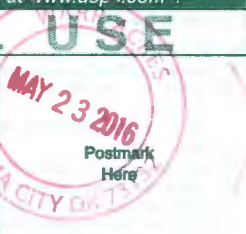
Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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



Sent To: Agent Mallory Martin Funeral Home  
 ATTN: Todd Martin, FDIC

Street and Apt. No., or PO Box: P.O. Box 566

City, State, ZIP+4®: Sallisaw, OK 74955-4619  
 rg/16-0464-DIS(JAM)/Cond Adm Ord

PS Form 3800, April 2015 PSN

75015 3010 0001 4604 0358

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;">                     Agent Mallory Martin Funeral Home                      ATTN: Todd Martin, FDIC                      P.O. Box 566                      Sallisaw, OK 74955-4619                      rg/16-0464-DIS(JAM)/Cond Adm Ord                 </div> <p>2. Article Number (Transfer from service label)</p> <p><b>75015 3010 0001 4604 0358</b></p>	<p>A. Signature</p> <p><i>[Signature]</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <div style="text-align: center; margin: 10px;"> </div>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input 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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</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>