

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 24, 2016, nine (9) days 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 Fisher Funeral Home of Holdenville, Oklahoma, Inc. dba Fisher 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 3rd day of June, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue ink, appearing to read "Sara A. Worten", is 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 *Amended Conditional Administrative Order and Notice of Right to Be Heard* was mailed by certified mail, return receipt requested on the 24 day of June, 2016 to:

Fisher Funeral Home of Holdenville, Oklahoma, Inc.
dba Fisher Funeral Home
Kevin Fisher, FDIC
700 S. Broadway Street
Holdenville, OK 74848

**CERTIFIED MAIL NO:
7015 3010 0001 4736 7355**

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

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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 Fisher Funeral Home of Holdenville,
Oklahoma, Inc. dba Fisher Funeral Home
Kevin Fisher, FDIC
700 S. Broadway Street
Holdenville, OK 74848
16-0465-DIS/SAW(mt)
(Amend. Cond.Adm.Ord. & Notice-6-03-16)

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

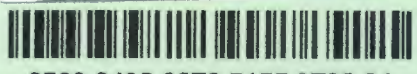


SENDER: COMPLETE THIS SECTION

- 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. Addressee Address

Fisher Funeral Home of Holdenville,
Oklahoma, Inc. dba Fisher Funeral Home
Kevin Fisher, FDIC
700 S. Broadway Street
Holdenville, OK 74848
16-0465-DIS/SAW(mt)
(Amend. Cond.Adm.Ord. & Notice-6-03-16)



9590 9403 0272 5155 0763 84

2. Article Number (Transfer from service label)

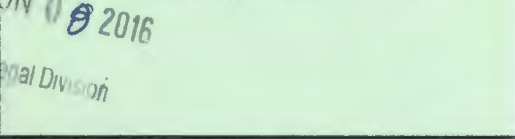
7015 3010 0001 4736 7355

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 10-6-16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: 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)

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt