

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED

MAY 31 2015

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN )  
D. DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
v. )  
 )  
BROWN'S FUNERAL SERVICE, INC., a )  
permitted provider of prepaid funeral benefit )  
contracts in the State of Oklahoma, )  
 )  
Respondent. )

Case No. 16-0466-DIS

**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 counsel, Barron B. Brown, and 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 (the "Act"), 36 O.S. §§ 6121 through 6136.18.

2. Brown's Funeral Service, Inc. ("Respondent") is a permitted provider of prepaid funeral benefit contracts in the State of Oklahoma holding permit number 863350.

3. 36 O.S. § 6130(B) provides, among other things, that ". . . [the] violation of any provision of Sections 6121 through 6136.18 of [the Act] shall constitute a cause for the Insurance Commissioner to issue a notice and order to show cause why the licensee shall not be censured, have the license of the licensee suspended or revoked, be subject to a fine of not less than One

Hundred Dollars (\$100.00) and not more than One Thousand Dollars (\$1,000.00), or be subject to both such fine and punishment.”

### **FINDINGS OF FACT**

1. Pursuant to 36 O.S. § 6128, Respondent was required to submit its 2015 Prepaid Funeral Benefits Annual Report (“Prepaid Report”) to the Oklahoma Insurance Department (“OID”) by March 15, 2016. Respondent untimely submitted this report to the OID on or about April 13, 2016.

### **CONCLUSIONS OF LAW**

1. Respondent has violated 36 O.S. § 6128; by failing to timely file its 2015 Prepaid Report with the OID.

### **ORDER**

**IT IS THEREFORE ORDERED** that Respondent has violated 36 O.S. § 6128 and is hereby **CENSURED** and **FINED ONE HUNDRED DOLLARS (\$100.00)**. **The \$100.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$100.00 civil fine shall be paid by money order or cashier’s check. Failure to pay the civil fine or request a hearing within thirty (30) days may result in further administrative action.

**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 Barron B. Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., 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 31<sup>st</sup> day of May, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

*Barron B. Brown*

\_\_\_\_\_  
Barron B. Brown  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma 73112  
(405) 521-2746

**CERTIFICATE OF MAILING**

I, Barron B. Brown, hereby certify that a true and correct copy of the *Conditional Administrative Order and Notice of Right to Be Heard* was mailed by certified mail, with postage prepaid and return receipt requested, on the 31<sup>st</sup> day of May, 2016, to:

Brown's Funeral Service, Inc.  
Eddie Brown, Owner and FDIC  
400 W. Queen Ave.  
Colgate, OK 74538-2016

**CERTIFIED MAIL NO. 7015 3010 0001 4604 0471**

and a copy was delivered to:

Lauren Lynch  
Financial Division

Oklahoma Funeral Board (via regular mail)  
Attn: Chris Ferguson, Executive Director  
3700 N. Classen Blvd., Suite 175  
Oklahoma City, OK 73118



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Barron B. Brown  
Assistant General Counsel

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

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

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

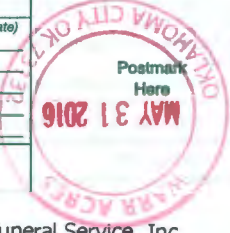
**Total Postage and Fees**  
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Sent To  
 \_\_\_\_\_

Street and Apt. No., or PO Box  
 \_\_\_\_\_

City, State, ZIP+4®  
 \_\_\_\_\_

PS Form 3800, April 2015 PSN



Brown's Funeral Service, Inc.  
 ATTN: Eddie Brown, Owner and FDIC  
 400 W. Queen Ave.  
 Colgate, OK 74538-2016  
 rlg/16-0466-DIS(BBB)/Cond Adm Ord

**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:

Brown's Funeral Service, Inc.  
 ATTN: Eddie Brown, Owner and FDIC  
 400 W. Queen Ave.  
 Colgate, OK 74538-2016  
 rlg/16-0466-DIS(BBB)/Cond Adm Ord



9590 9402 1346 5285 6011 75

2. Article Number (Transfer from service label)  
 7015 3010 0001 4604 0471

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Eddie Brown*  Agent  Addressee

B. Received by (Printed Name)  
 Eddie Brown

C. Date of Delivery  
 6/2

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

OKLAHOMA INSURANCE DEPARTMENT  
 JUN 07 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 Required

Collect on Delivery Restricted Delivery  Signature Restricted Delivery

Insured Mail  Signature Restricted Delivery (over \$500)

Insured Mail Restricted Delivery (over \$500)