

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

FILED

MAY 27 2016

**INSURANCE COMMISSIONER
OKLAHOMA**

**STATE OF OKLAHOMA, ex rel. JOHN)
D. DOAK, Insurance Commissioner,)
)
Petitioner,)
v.)
)
WAURIKA CEMETERY ASSOCIATION, a)
provider of a perpetual care fund in the)
State of Oklahoma,)
)
Respondent.)**

Case No. 16-0516-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 Perpetual Care Fund Act, 36 O.S. §§ 7101 through 7112.

2. Waurika Cemetery Association ("Respondent") is a provider of a perpetual care fund in the State of Oklahoma.

3. Pursuant to 36 O.S. § 7110, "[any] person, firm or corporation violating any of the provisions of the Perpetual Care Fund Act shall, upon conviction, be deemed guilty of a misdemeanor and shall be subject to a fine of not less than One Hundred Dollars (\$100.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00)."

FINDINGS OF FACT

1. Pursuant to 36 O.S. § 7106(A), Respondent was required to submit its 2014 Perpetual Care Trust Fund Annual Report (the “Perpetual Care Report”) to the Oklahoma Insurance Department (“OID”) by March 15, 2015. As of the date of this Order, Respondent has failed to submit its 2014 Perpetual Care Report to the OID.

2. Respondent was required to submit its 2015 Perpetual Care Report to the OID by March 15, 2016. Ibid at § 7106(A). As of the date of this Order, Respondent has failed to submit its 2015 Perpetual Care Report to the OID.

CONCLUSIONS OF LAW

1. Respondent has violated 36 O.S. § 7106(A); by failing to file both its 2014 and 2015 Perpetual Care Reports with the OID.

ORDER

IT IS THEREFORE ORDERED that Respondent has violated 36 O.S. §§ 7106(A) and is hereby **CENSURED** and **FINED FIVE HUNDRED DOLLARS (\$500.00)**. **IT IS ALSO ORDERED** that Respondent shall submit its 2014 and 2015 Perpetual Care Reports to the Oklahoma Insurance Department within thirty (30) days. **The \$500.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$500.00 civil fine shall be paid by money order or cashier’s check. Failure to comply with this Order 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 56th 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 27th day of May, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown

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

CERTIFICATE OF MAILING

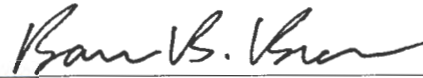
I, Barron B. Brown, hereby certify that a true and correct copy of the *Conditional Administrative Order and Notice of Right to Be Heard* was mailed by certified mail, with postage prepaid and return receipt requested, on the 27th day of May, 2016, to:

Waurika Cemetery Association
Attn: America Dudley
414 N. Elm Street
Waurika, OK 73573

CERTIFIED MAIL NO. 7015 3010 0001 4604 0419

and a copy was delivered to:

Shanna Johnson
Financial Division



Barron B. Brown
Assistant General Counsel

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Postage \$
 Total Postage and Fees \$

Sent To Waurika Cemetery Association
 ATTN: America Dudley
 Street and Apt. No., or PO Box # 414 N. Elm St.
 Waurika, OK 73573
 City, State, ZIP+4® rg/16-0516-DIS(BBB)/Cond Adm Ord

PS Form 3800, April 2015 PSN

7015 3010 0001 4604 0419

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:
 Waurika Cemetery Association
 ATTN: America Dudley
 414 N. Elm St.
 Waurika, OK 73573
 rg/16-0516-DIS(BBB)/Cond Adm Ord



9590 9402 1346 5285 6011 13

2. Article Number (Transfer from service label)
 7015 3010 0001 4604 0419

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X A. Dudley Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 5-31-16

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

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 OKLAHOMA
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 Legal Division

3. Service Type
- | | |
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| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
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| <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™ |
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt