

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

JUN 09 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
THOMAS DALE PALMER,)
an applicant for a resident insurance)
producer license,)
)
Respondent.)

Case No. 16-0524-DEN

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. John Doak, Insurance Commissioner, by and through his counsel, Barron B. Brown, and alleges and states as follows:

JURISDICTION

1. John Doak is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., including the Oklahoma Producer Licensing Act, 36 O.S. §§ 1435.1 through 1435.41.

2. Respondent is an applicant for a resident insurance producer license in the State of Oklahoma. Respondent's mailing address of record is Worksite Benefit Plans, 8524 S. Western Ave., Suite 106, Oklahoma City, Oklahoma 73139-9247.

3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Producer Licensing Act and/or may levy a fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code. 36 O.S. § 1435.13(A) and (D).

ALLEGATIONS OF FACT

1. Respondent applied for a resident insurance producer license on or about May 4, 2016, with the Oklahoma Insurance Department (OID). On the application form, question 1B asks the following: “Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?” Respondent answered “no” to this question.

2. The application provides that individual applicants can only exclude “the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.” Applicants are also permitted to “exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).”

3. An On Demand Court Records (ODCR) background check by the OID Licensing Division showed that Respondent had the following on his record in the State of Oklahoma: a guilty plea to a criminal felony charge for DUI alcohol, which resulted in a deferred judgment on or about January 1, 2010 (Oklahoma County, Case No. CF-2009-5039).

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 1435.13(A)(1); providing incorrect, misleading, incomplete or materially untrue information in the license application.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is hereby **CENSURED** and **FINED ONE HUNDRED AND FIFTY DOLLARS (\$150.00)** for a violation of 36 O.S. § 1435.13(A)(1). **The \$150.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$150.00 civil fine shall be paid by money order or cashier's check. Respondent's application for a resident insurance producer license may be granted upon receipt of payment of the fine and reporting of the administrative action. Failure to pay the civil fine or request a hearing within thirty (30) days will result in your license application being withdrawn.

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 9th day of June, 2016.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown

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

CERTIFICATE OF MAILING

I, Barron B. Brown, hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to be Heard* was mailed by certified mail, with postage prepaid and return receipt requested, on this 9th day of June, 2016, to:

Thomas Dale Palmer
Worksite Benefit Plans
8524 S. Western Ave., Suite 106
Oklahoma City, OK 73139-9247

CERTIFIED MAIL NO. 7015 3010 0001 4736 6327

and a copy was delivered to:

Karen Wojtek
Licensing Division

Barron B. Brown

Barron B. Brown
Assistant General Counsel

U.S. Postal Service™
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 City, State, ZIP+4®

Thomas Dale Palmer
 Worksite Benefit Plans
 8524 S. Western Ave., Suite 106
 OKC, OK 73139-9247
sms/16-0524-DEN/Cond Ord

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

7232 6327 4736 0001 3010 2015

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:
 Thomas Dale Palmer
 Worksite Benefit Plans
 8524 S. Western Ave., Suite 106
 OKC, OK 73139-9247
sms/16-0524-DEN/Cond Ord



9590 9403 0272 5155 0770 53

2. Article Number (Transfer from service label)
7015 3010 0001 4736 6327

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Thomas Dale Palmer Agent
 Addressee

B. Received by (Printed Name) *Thomas Dale Palmer* C. Date of Delivery *6/10/16*

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

JUN 14 2016

Legal Division

3. Service Type
 Adult Signature Priority Mail Express®
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 Certified Mail® Registered Mail Restricted Delivery
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