

ALLEGATIONS OF FACT

1. Respondent applied for a resident insurance producer license on or about June 28, 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 Oklahoma Supreme Court Network (“OSCN”) background check by the OID Licensing Division showed that Respondent has been charged with a felony in The State of Oklahoma v. Troy-Lynn Kordatzky, Case Number CF-2016-509 one count of Child Neglect.

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 TWO HUNDRED AND FIFTY DOLLARS (\$250.00)** for a violation of 36 O.S. § 1435.13(A)(1). **The \$250.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$250.00 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to pay the civil fine or request a hearing within thirty (30) days will result in your license application being withdrawn.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 Sara A. Worten, 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 12th day of July, 2016.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Sara A. Worten
Assistant General Counsel
3625 NW 56th St., Suite 100
Oklahoma City, OK 73112
(405) 521-2746

CERTIFICATE OF MAILING

I, Sara A. Worten, 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 12th day of July, 2016, to:

Troy-Lynn Kordatzky
13005 E 30th Street
Apt. K
Tulsa, OK 74134

CERTIFIED MAIL NO. 7015 3010 0001 4736 8895

and a copy was delivered to:

Karen Wojtek
Licensing Division

Sara A. Worten
Assistant General Counsel

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

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

Street and Apt. No., or PO Box #

City, State, ZIP+4®

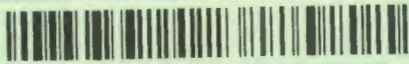
Troy-Lynn Kordatzky
 13005 E. 30TH Street, Apt. K
 Tulsa, OK 74134
16-0655-DEN/SAW(mt)
(Cond.Adm.Ord. & Notice ~7-12-16)

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 side of the mailpiece and to you.
- Place postage meter or postage stamps on the mailpiece.

Troy-Lynn Kordatzky
 13005 E. 30TH Street, Apt. K
 Tulsa, OK 74134
16-0655-DEN/SAW(mt)
(Cond.Adm.Ord. & Notice ~7-12-16)



9590 9402 1900 6104 3879 06

2. Article Number (Transfer from service label)
7015 3010 0001 4736 8895

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)
 TROY KORDATZKY

C. Date of Delivery
 7-12-16

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



3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7015 3010 0001 4736 8895