

of the Oklahoma Insurance Code pursuant to 36 O.S. § 1435.13(A) and (D).

4. If Respondent requests a hearing in writing in this matter, pursuant to OAC 365:1-7-1, the Insurance Commissioner, pursuant to 36 O.S. § 319, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

5. The Insurance Commissioner, pursuant to OAC 365:1-7-5, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

ALLEGATIONS OF FACTS

6. Respondent applied for a resident insurance producer license on or about August 9, 2016, with the Oklahoma Insurance Department ("OID"). On the application form, question 1A asks the following: "Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?" Respondent answered "no" to this question.

7. The application provides that individual applicants can only exclude "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."

8. An Oklahoma Supreme Court Network ("OSCN") background check by the OID Licensing Division showed that Respondent was convicted of misdemeanor obtaining merchandise by bogus check in Muskogee County case number CM-2001-626.

9. Pursuant to 36 O.S. § 1435.13(A)(1), it is a violation of the Producer Licensing Act for a producer to provide incorrect, misleading, incomplete or materially untrue information in a license application.

ALLEGED CONCLUSIONS OF LAW

10. Respondent has violated 36 O.S. § 1435.13(A)(1) by providing incorrect, misleading, incomplete or materially untrue information in his license application submitted on August 9, 2016.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, 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** of this Conditional Administrative Order and 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 license application being withdrawn.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days 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 mailing of this Order. A request for hearing

shall be in writing addressed to Sandra LaVenue, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. Additionally, the request for hearing shall state the grounds for the request to set aside or modify the Order. The request shall be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 *et seq.*, and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 *through* 323. If Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a 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 23rd day of August, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Sandra LaVenue OBA# 13372
Oklahoma Insurance Department
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 73112
(405) 521-2746

CERTIFICATE OF MAILING

I, Sandra LaVenue, 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 ~~20th~~ ^{23rd} day of August, 2016, to:

Randy G. Brice
2801 Chandler Rd.
Muskogee, Ok 74403

CERTIFIED MAIL NO. 7016 0910 0000 5833 5466

and a copy was delivered to:

Karen Wojtek
Licensing Division



Sandra LaVenue
Senior 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
 \$ _____



Randy G. Brice
 2801 Chandler Rd.
 Muskogee, OK 74403
 sms/16-0820-DEN/Cond Ord

Sent To
 Street and Apt. No., or PO Box N
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN

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:

Randy G. Brice
 2801 Chandler Rd.
 Muskogee, OK 74403
 sms/16-0820-DEN/Cond Ord



9590 9402 1900 6104 3892 38

2. Article Number (Transfer from service label)

7016 0910 0000 5833 5466

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Dash, Walter Addressee

B. Received by (Printed Name) C. Date of Delivery
 _____ 8/25/16

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

RECEIVED OKLAHOMA INSURANCE DEPARTMENT

AUG 30 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 Confirmation™
- Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

Domestic Return Receipt