

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

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SEP 12 2015

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN DOAK, Insurance Commissioner,
Petitioner,
v.
BRADY NGUYEN,
an applicant for a resident insurance producer license,
Respondent.

Case No. 16-0859-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 Producer Licensing Act, 36 O.S. §§ 1435.1-1435.41.
- 2. Respondent is an applicant for a resident insurance producer license in the State of Oklahoma. Respondent's mailing address of record is 320 S. Boston Ave., Ste. 1026, Tulsa, Oklahoma 74103-3703.
- 3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the 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. On or about September 7, 2016, Respondent applied for a resident insurance producer license 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.

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 State Courts Network (“OSCN”) background check by the OID Licensing Division showed that Respondent had the following on his record in the State of Oklahoma: guilty pleas to criminal misdemeanor charges of possession of a controlled drug and possession of drug paraphernalia, which each resulted in deferred judgments, on or about December 31, 2014 (Tulsa County, Case No. CM-2014-5905).

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 **FINED THREE HUNDRED DOLLARS (\$300.00)** for providing incorrect, misleading, incomplete or materially untrue information in the license application. **The \$300.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$300.00 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 12th day of September, 2016.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "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 12th day of September, 2016, to:

Brady Nguyen
320 S. Boston Ave., Ste. 1026
Tulsa, OK 74103-3703

CERTIFIED MAIL NO. 7016 0910 0000 5833 5312

and a copy was delivered to:

Licensing Division

A handwritten signature in black ink that reads "Barron B. Brown".

Barron B. Brown
Assistant General Counsel

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Postage \$ _____

Total Postage and Fees \$ _____

Sent To Brady Nguyen
 320 S. Boston Ave., Ste. 1026
 Street and Apt. No., or PO Box Tulsa, OK 74103-3703
 City, State, ZIP+4® rlg/16-0859-DEN(BBB)/Cond Adm Ord

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

7016 0910 0000 5833 5312

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J. Kimbrough</i> C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Brady Nguyen 320 S. Boston Ave., Ste. 1026 Tulsa, OK 74103-3703 rlg/16-0859-DEN(BBB)/Cond Adm Ord</p>  <p>9590 9402 1736 6074 9345 27</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED, enter delivery address below: OKLAHOMA INSURANCE DEPARTMENT SEP 19 2016 Legal Division</p>
<p>2. Article Number (Transfer from service label) 7016 0910 0000 5833 5312</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>

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

Domestic Return Receipt