

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

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)
)
)
 Petitioner,)
)
)
 v.)
)
)
 AMERIPRISE FINANCIAL SERVICES INC.,)
 an applicant for renewal of a nonresident)
 business entity insurance producer license,)
)
 Respondent.)

Case No. 16-0881-DEN

FILED

OCT 12 2016

**INSURANCE COMMISSIONER
OKLAHOMA**

**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 attorney, Barron B. Brown, and alleges and states as follows:

JURISDICTION

1. John D. 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 (the "Act"), 36 O.S. §§ 1435.1 through 1435.41.

2. Ameriprise Financial Services Inc. ("Respondent") is an applicant for renewal of a nonresident business entity insurance producer license in the State of Oklahoma. Respondent's mailing address of record is 50621 Ameriprise Financial Center, Minneapolis, Minnesota 55474.

3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the 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 9, 2016, Respondent applied for renewal of a nonresident business entity insurance producer license with the Oklahoma Insurance Department (“OID”). On the application form, the second question asks the following: “Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding, including a Financial Industry Regulatory Authority (“FINRA”) sanction or arbitration proceeding regarding any professional or occupational license, or registration, which has not been previously reported to this insurance department?” Respondent answered “no” to this question.

2. The application form defines being “involved” in an administrative proceeding as the following: “having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. ‘Involved’ also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration.” ‘Involved’ also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial.” Applicants may only exclude “terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.”

3. A background check conducted by the OID Licensing Division showed that Respondent had the following administrative action listed on its record (which had not been previously reported to the OID): entry of a \$100.00 monetary fine by the Louisiana Department of Insurance (“LDI”) on or about July 1, 2016.

4. Pursuant to 36 O.S. § 1435.18(A), “[a] producer shall report to the Insurance Commissioner any administrative action taken against the producer in another jurisdiction or by another governmental agency in this state within thirty (30) days of the final disposition of the matter. This report shall include a copy of the order, consent to order or other relevant legal documents.”

5. As per 36 O.S. § 1435.18(A), Respondent was required to report the aforementioned LDI fine to the OID on or before August 1, 2016 (the technical 30th day was July 31, 2016, which was not a normal business day of the OID). Respondent did not report the aforementioned administrative action to the OID until September 14, 2016, during the process of renewing its license with the OID.

ALLEGED VIOLATIONS OF LAW

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

2. Respondent violated 36 O.S. § 1435.18(A); by failing to report to the Insurance Commissioner any administrative action taken against the producer in another jurisdiction within thirty (30) days of the final disposition of the matter.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is **CENSURED** and **FINED FIVE HUNDRED DOLLARS (\$500.00)** for a

violation of 36 O.S. §§ 1435.13(A)(1) and 1435.18(A). **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. Respondent's application for renewal of a nonresident business entity 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 October, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



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 October, 2016, to:

50621 Ameriprise Financial Center
Minneapolis, MN 55474

CERTIFIED MAIL NO. 7016 0910 0000 5833 6272

and a copy was delivered to:

Licensing Division



Barron B. Brown
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 \$ _____

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

Ameriprise Financial Services, Inc.
 50621 Ameriprise Financial Ctr
 Minneapolis, MN 55474
sms/16-0881-DEN/Cond Ord

PS Form 3800, April 2015 PSN

7016 0910 0000 5833 6272

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:

Ameriprise Financial Services, Inc.
 50621 Ameriprise Financial Ctr
 Minneapolis, MN 55474
sms/16-0881-DEN/Cond Ord

2. Article Number (Transfer from service label)

7016 0910 0000 5833 6272

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

~~X~~ _____

B. Received by (Printed Name) _____

C. Date of Delivery **OCT 17 2016**

D. Is delivery address different from item 1? Yes No

If YES, delivery address below: Yes No

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
OCT 24 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

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt