

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
OCT 18 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
vs.)
)
ANGELA M. HARDING)
a resident insurance producer,)
)
Respondent.)

CASE NO. 16-0953-DEN

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 counsel, Sara A. Worten, and alleges and states as follows:

JURISDICTION AND AUTHORITY

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such 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. Angela M. Harding (“Respondent”) is a resident insurance producer license in the State of Oklahoma holding license number 40161546. Respondent’s mailing address of record is 15817 Stepping Stone Lane, Oklahoma City, OK 73051.
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 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 is an Oklahoma resident insurance producer with renewed license effective July, 1, 2015 with the Oklahoma Insurance Department ("OID"). On the renewal application form, question 2 asks have you been named or involved as a party in an administrative proceeding, including a 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 the question.

7. On or about February 2, 2013, Respondent's non-resident insurance producer license in Kansas was revoked with the Kansas Insurance Commissioner finding:

a.) Respondent used fraudulent, coercive, or dishonest practices in publishing false statements concerning the business conduct and financial practices of another agent engaged in the business of insurance in violation of Kansas law.

b.) Respondent committed defamation, an insurance unfair trade practice in violation of Kansas law.

8. 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.

9. Pursuant to *36 O.S § 1435.13(A)(9)*, it is a violation of the Producer Licensing Act if a producer has an insurance producer license, or its equivalent, denied, suspended, censured, placed on probation or revoked in any other state, province, or district or territory.

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 her renewal application with an effective date of July 1, 2015.

11. Respondent has violated *36 O.S § 1435.13(A)(9)* by having her non-resident insurance producer license revoked by the Insurance Commissioner of Kansas.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that Respondent is hereby **CENSURED** and **FINED FIVE HUNDRED DOLLARS (\$500.00)** for a violation of *36 O.S. § 1435.13(A)(1)* and *36 O.S § 1435.13(A)(9)*. The **\$500.00 fine is to be paid within thirty (30) days** of this Conditional Administrative Order and made payable to the Oklahoma Insurance Department. The \$500.00 civil fine shall be paid by money order or cashier's check. Failure to pay the civil fine or request a hearing within thirty (30) days will result in Respondent's insurance producer license being suspended.


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 Sara A. Worten, 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 19th day of October, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Sara A. Worten OBA# 21532
Oklahoma Insurance Department
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 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 19th day of October, 2016, to:

Angela Marie Harding
15817 Stepping Stone Lane
Oklahoma City, OK 73051

CERTIFIED MAIL NO. 7016 0910 0000 5833 3264

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)

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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®

Angela Marie Harding
 15817 Stepping Stone lane
 Oklahoma City, OK 73051
16-0953-DEN/SAW(mt)
(Cond.Adm.Ord. & Notice ~10-18-16)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0910 0000 5833 3264

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:

Angela Marie Harding
 15817 Stepping Stone lane
 Oklahoma City, OK 73051
16-0953-DEN/SAW(mt)
(Cond.Adm.Ord. & Notice ~10-18-16)

9590 9402 1900 6104 4164 60

2. Article Number (Transfer from service label)
7016 0910 0000 5833 3264

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **10-21-16**

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
OCT 25 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