

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
NOV 18 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
DORON STERLING,)
nonresident insurance)
producer license renewal,)
)
Respondent.)

Case No. 16-1007-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, Sara A. Worten, 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 Oklahoma Producer Licensing Act, 36 O.S. §§ 1435.1 through 1435.41.
2. Respondent Doron Sterling (“Respondent”) is a nonresident producer licensee in the State of Oklahoma holding license number 100143262. Respondent’s mailing address of record is Insurance Care Direct, 1002 E. Newport Center Dr., Suite 200, Deerfield Beach, FL 33442-7752.
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, 36 O.S. § 1435.13(A) and (D).

ALLEGATIONS OF FACT

1. Respondent applied for a nonresident insurance producer license on or about October 9, 2012, with the Oklahoma Insurance Department (“OID”). On the application form, question 1 asked the following: “Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a Crime?” Respondent answered “no” to this question. Respondent was granted a nonresident producer licenses in 2012.

2. On or about November 14, 2014, Respondent submitted his renewal application. On the application form question 2 asked the following: Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, which has not been previously reported to this insurance department?” Respondent answered “no” to this question. Respondent’s license was renewed.

3. On or about November 3, 2016, Respondent submitted his renewal application and disclosed in 2009 he was convicted of a felony the case styled In the Criminal Division of Circuit Court of the Fifteenth Judicial Circuit Florida, in and for Palm Beach County, Case No. 08CF 000856 AMT Div. T, State of Florida v. Doron Sterling; Grand Theft over \$20,000.00.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 1435.13(A)(1); providing incorrect, misleading, incomplete or materially untrue information on ins initial 2012 license application and then again on his 2014 renewal application.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is hereby **CENSURED** and **FINED ONE THOUSAND DOLLARS (\$1,000.00)** for a violation of 36 O.S. § 1435.13(A)(1). **The \$1,000.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$1,000.00 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 18th day of November, 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 18th day of ~~October~~, 2016, to:
November

Doron Sterling
Insurance Care Direct
1002 E. Newport Center Drive
Suite 200
Deerfield Beach, FL 33442-7752

CERTIFIED MAIL NO. 7016 0910 0000 5833 4643

and a copy was delivered to:

DeAnna Hughes
Licensing Division



Sara A. Worten
Assistant General Counsel

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

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Doron Sterling
 Insurance Care Direct
 1002 E. Newport Center Drive, Suite 200
 Deerfield Beach, FL 33442-7752
16-1007-DEN/SAW(mt)
(Cond.Adm.Ord. & Notice ~11-18-16)



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

7016 0910 0000 5833 4643

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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>																
<p>1. Article Addressed to:</p> <div data-bbox="56 1008 462 1186" style="border: 1px solid black; padding: 5px;"> <p>Doron Sterling Insurance Care Direct 1002 E. Newport Center Drive, Suite 200 Deerfield Beach, FL 33442-7752 16-1007-DEN/SAW(mt) (Cond.Adm.Ord. & Notice ~11-18-16)</p> </div> <p>9590 9402 1900 6104 4157 39</p>	<p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, enter delivery address below: _____</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT NOV 29 2016 Legal Division</p>																
<p>2. Article Number (Transfer from service label) 7016 0910 0000 5833 4643</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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