

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

**FILED**

DEC 20 2016

INSURANCE COMMISSIONER  
OKLAHOMA

**STATE OF OKLAHOMA, ex rel. JOHN D.  
DOAK, Insurance Commissioner,** )  
 )  
 )  
 **Petitioner,** )  
 )  
 )  
 **v.** )  
 )  
 **JONATHAN CARLTON SHANNON,** )  
 **an applicant for reinstatement of a resident** )  
 **insurance producer license,** )  
 )  
 **Respondent.** )

**Case No. 16-1127-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 his counsel, 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 Producer Licensing Act, 36 O.S. §§ 1435.1-1435.41.
2. Jonathan Carlton Shannon (“Respondent”) is an applicant for reinstatement of a resident insurance producer license in the State of Oklahoma. Respondent’s mailing address of record is 8323 E. 108<sup>th</sup>, Tulsa, Oklahoma 74133.
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 December 14, 2016, Respondent applied for reinstatement of a resident insurance producer license with the Oklahoma Insurance Department (“OID”). On the application form, the second question asks the following: “Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?” 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 his record: an OID administrative order, which assessed a \$200.00 civil fine and \$50.00 in costs, issued on or about June 25, 2009 (OID Case No. 09-0322-DIS).

## **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.

## ORDER

**IT IS THEREFORE ORDERED** by the Insurance Commissioner that Respondent is **FINED THREE HUNDRED DOLLARS (\$300.00)** for a violation of 36 O.S. § 1435.13(A)(1). **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 reinstatement of 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 56<sup>th</sup> 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 Oklahoma Insurance Code (36 O.S. §§ 101 et seq.) and the Oklahoma Administrative Procedures Act (75 O.S. §§ 308a et seq.). 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 20<sup>th</sup> day of December, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in cursive script, reading "Barron B. Brown".

Barron B. Brown  
Assistant General Counsel  
Oklahoma Insurance Department  
3625 NW 56<sup>th</sup> 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 20<sup>th</sup> day of December, 2016, to:

Jonathon Carlton Shannon  
8323 E. 108<sup>th</sup>  
Tulsa, OK 74133

**CERTIFIED MAIL NO. 7016 0910 0000 5833 6043**

and a copy was delivered to:

Licensing Division

A handwritten signature in cursive script, reading "Barron B. Brown".

Barron B. Brown  
Assistant General Counsel



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**CERTIFIED MAIL® RECEIPT**  
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Total Postage and Fees \$ \_\_\_\_\_  
 Sent To Jonathon Carlton Shannon  
 8323 E. 108th  
 Street and Apt. No., or PO Box Tulsa, OK 74133  
 City, State, ZIP+4® rlg/16-1127-DEN(BBB)/Cond Adm Ord  
 PS Form 3800, April 2015 PSN \_\_\_\_\_

7016 0910 0000 5833 6043

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Jonathon Shannon</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>12-22-16</i></p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;">                 Jonathon Carlton Shannon                  8323 E. 108th                  Tulsa, OK 74133                  rlg/16-1127-DEN(BBB)/Cond Adm Ord             </div> <p>9590 9402 1736 6074 9246 72</p>	<p>D. <del>Is this</del> address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If Yes, enter delivery address below: _____</p> <p><b>OKLAHOMA INSURANCE DEPARTMENT</b>  <b>DEC 29 2016</b>  <b>Legal Division</b></p>																
<p>2. Article Number (Transfer from service label)                  7016 0910 0000 5833 6043</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 checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input 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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input 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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