BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

FILE

STATE OF OKLAHOMA, ex rel. JOHN) MAR 2 8 2017
D. DOAK, Insurance Commissioner, Petitioner,	INSURANCE COMMISSIONER OKLAHOMA
v.) Case No. 17-0148-DEN
PRAIRIE STATES INSURANCE AGENCY)
INC., a licensed producer)
Respondent.)

CONSENT ORDER

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through his attorney, Julie Meaders, and Prairie States Insurance Agency, Inc., by and through its designated responsible producer, Deborah Gale, and agree to the entry of this Consent Order and jointly state 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.
- 2. Prairie Insurance Agency Inc. ("Prairie") is an Oklahoma business entity producer. Its producer license 100105024 lapsed on January 31, 2017, for failing to renew. Its address of record is 1216 NW 50th Street, Oklahoma City, OK 73118.
- 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).

STIPULATIONS OF FACT

- 1. Respondent Prairie Insurance Agency, Inc. submitted an application to reinstate its producer license that had lapsed for failure to renew on January 31, 2017.
- 2. Respondent was required to maintain an active license while conducting an insurance business during the time frame between February 1, 2017 and March 1, 2017.

AGREED CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 1435.4(A) in failing to maintain an active producer license while conducting an insurance-related business, thereby in violation of 36 O.S. § 1435.13(A)(2).

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 1435.13(A)(2) and as a result **Respondent is FINED** in the amount of **TWO HUNDRED AND** FIFTY DOLLARS (\$250.00).

WITNESS My Hand and Official Seal this 281 day March, 2017.



JOHN D. DOAK INSURANCE COMMISSIONER STATE OF OKLAHOMA

JAMES MILLS CHIEF OF STAFF APPROVED:

Julie Meaders

Juffe Meaders

Deputy General Counsel

Oklahoma Insurance Department

VERIFICATION AND CONSENT

I. Deborah Gale, designated responsible producer of Respondent, state:

I have read this Consent Order. The contents and facts set forth in the order are true to the best of my knowledge. I consent to the entry of the order by the Insurance Commissioner and I waive my right to appeal this order.

DEBORAH GALE PRAIRIE STATES INSURANCE AC	GENCY, INC.	
STATE OF OKLAHOMA COUNTY OF OKLAHOMA		
This instrument was acknowledged DEBORAH GALE.	atricio Jucisson	by
Seal Seal Supplied of Oktober 10008886	Signature of Notarial Officer Ada. Assistant	
	My commission expires:	
	10/18/18	

CERTIFICATE OF MAILING

On this _______ day of March, 2017, a true and correct copy of the above and foregoing Consent Order was mailed, certified mail, return receipt requested, to:

Prairie States Insurance Agency, Inc. c/o Deborah Gale 1216 NW 50th Street Oklahoma City, OK 73118

CERTIFIED MAIL NO: 7016 0910 0000 8401 4168

A copy was delivered to:

Licensing Division

Julie Meaders

Julie Meaders

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 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. 		A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to: OKLAHOMA	INSU	RANCES DEPARTMENTERS different from Item 1? Yes
c/o Deborah Gale	IAR Legal	If YES, enter delivery address below: No 3 1 2017 Division
9590 9402 1346 5285 6113 10		3. Service Type
2. Article Number (Transfer from service label) 7016 0910 0000 8401 4168	3	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Insured Mail Restricted Delivery (over \$500) ☐ Restricted Delivery (over \$500)
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