

ALLEGATIONS OF FACT

1. Respondent applied for renewal of its nonresident business entity insurance producer license on or about March 14, 2017, 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.” The only allowable exclusion is “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: an administrative action by the Texas Department of Insurance. Respondent entered into a

Consent Order on January 10, 2017 for failure to timely file a surplus line insurance policy with the Surplus Lines Stamping Office of Texas and was fined Five Thousand Nine Hundred Dollars (\$5,900.00). Accordingly, Respondent did not properly disclose the aforementioned administrative action in the license renewal application.

ALLEGED VIOLATIONS OF LAW

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

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that O'Donovan & Associates, Inc. is **FINED THREE HUNDRED DOLLARS (\$300.00)** for providing incorrect, misleading, incomplete or materially untrue information in the license renewal application. **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 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 renewal 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 Lisa M. Torneten, 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 11 day of April, 2017.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Lisa M. Torneten".

Lisa M. Torneten
Assistant General Counsel
3625 NW 56th St., Suite 100
Oklahoma City, OK 73112
405-522-6630

CERTIFICATE OF MAILING

I, Lisa M. Torneten, 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 11 day of April, 2017, to:

O'Donovan & Associates, Inc.
3881 Ten Oaks Road
Suite 2E
Glenelg, MD 21737

CERTIFIED MAIL NO. **7016 0910 0000 8401 3666**

and a copy was delivered to:

Lorie Jones
Licensing Division



Lisa M. Torneten
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®

O'Donovan & Associates, Inc.
 3881 Ten Oaks Road, Suite 2E
 Glenelg, MD 21737
17-0232-DEN/LMT(mt)
(Cond. Adm. Ord. & Notice ~4-11-17)

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

7016 0910 0000 8401 3666

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 X <i>Jared M. Hanson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>O'Donovan & Associates, Inc. 3881 Ten Oaks Road, Suite 2E Glenelg, MD 21737 17-0232-DEN/LMT(mt) (Cond. Adm. Ord. & Notice ~4-11-17)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>2. Article Number (Transfer from service label) 7016 0910 0000 8401 3666</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 APR 20 2017
 Legal Division

