

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

MAY 24 2017

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
vs.)
)
CANOPY GROUP, INC.,)
a non-resident insurance producer,)
)
Respondent.)

CASE NO. 17-0297-DEN

CONSENT ORDER

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through his attorney, Lisa M. Torneten, and Respondent, Canopy Group, Inc., and stipulate to the following facts and applicable laws. The parties consent to entry of this Order.

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. Canopy Group, Inc. ("Respondent") is a non-resident insurance producer holding license number 100154562. Respondent's mailing address of record is 200 South Main Street Le Sueur, Minnesota 56058.

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).

STIPULATIONS OF FACT

1. Respondent applied for renewal of its non-resident business entity producer license on or about March 27, 2017 with the Oklahoma Insurance Department (the "Department").

2. On the renewal 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.

3. 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."

4. A background check conducted by the Department Licensing Division showed that Respondent had the following administrative action listed on its record: an administrative

action in 2016 by the Department of Financial Services in the State of Florida for failure to timely renew its license. Respondent entered into a Consent Order and was fined Five Hundred and No/100 Dollars (\$500.00). Accordingly, Respondent did not properly disclose the aforementioned administrative action in the license renewal application.

CONCLUSIONS OF LAW

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

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner and **CONSENTED** to by the Respondent that it shall be and hereby is fined in the amount of Two Hundred Dollars (\$200.00). The fine is to be paid immediately.

WITNESS My Hand and Official Seal this ^{24th} day of May, 2017.

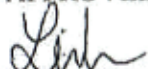


JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

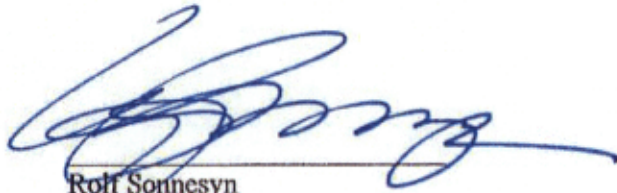


JAMES MILLS
CHIEF OF STAFF

APPROVED:



Lisa M. Torneten
Assistant General Counsel
Oklahoma Insurance Department



Rolf Sonnesyn
Attorney
Canopy Group, Inc.

5/22/17

CERTIFICATE OF MAILING

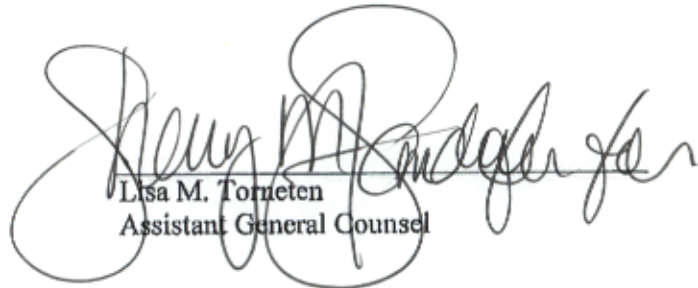
I, Lisa M. Torneten, hereby certify that a true and correct copy of the above and foregoing *Consent Order* was mailed by certified mail, with postage prepaid and return receipt requested, on this 24th day of May, 2017, to the following:

Canopy Group, Inc.
200 South Main St.
Le Sueur, MN 56058

CERTIFIED MAIL NO. 7016 0910 0000 8401 2140

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

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

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Canopy Group, Inc.
 200 South Main St.
 LeSueur, MN 56058
sms/17-0297-DEN (LMT)
Consent Order

PS Form 3800, April 2015 PSN

7016 0910 0000 8401 2140

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>Dicki Wilner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Canopy Group, Inc. 200 South Main St. LeSueur, MN 56058 sms/17-0297-DEN (LMT) Consent Order </div>	<p>B. Received by (Printed Name) RECEIVED OKLAHOMA INSURANCE DEPARTMENT JUN 05 2017 Legal Division</p>	
	<p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7016 0910 0000 8401 2140</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 checked="" 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</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		