

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
MAY 09 2017
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN DOAK, Insurance Commissioner,

Petitioner,

v.

TAMARA DAVIS
an applicant for a resident
insurance producer license,

Respondent.

Case No. 17-0320-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 attorney, Lisa M. Torneten, 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.
2. Respondent is an applicant for a resident insurance producer license in the State of Oklahoma. Respondent's address of record is 6901 NW 23rd Bethany, OK 73008.
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 submitted an application for a resident insurance producer license on or about May 3, 2017, with the Oklahoma Insurance Department (“OID”). On the application form, the question 1(A) asks the following: “Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?” Respondent answered “no” to this question.

2. The only allowable exclusions are “traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).”

3. A background check conducted by the OID Licensing Division showed that Respondent had a criminal misdemeanor charge in Canadian County, case number CM-2005-867 for uttering a bogus check. Accordingly, Respondent did not properly disclose the aforementioned criminal action in the license 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 her license application.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Tamara Davis is **FINED TWO HUNDRED DOLLARS (\$200.00)** for providing incorrect, misleading, incomplete or materially untrue information in her license application. **The**

\$200.00 fine is to be paid within thirty (30) days made payable to the Oklahoma Insurance Department. Respondent's application for a resident insurance producer license may be granted upon receipt of payment of the fine and reporting of the criminal misdemeanor 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 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 9th day of May, 2017.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in cursive script, appearing to read "Lih", positioned above a horizontal line.

Lisa M. Torneten
Assistant General Counsel
3625 NW 56th St., Suite 100
Oklahoma City, OK 73112
405-522-6630
405-522-0125 Fax

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 9th day of May, 2017, to the following:

Tamara Davis
6901 NW 23rd
Bethany, OK 73008

CERTIFIED MAIL NO. 7016 2140 0000 3510 5757

and a copy was delivered to:

Karen Wojtek
Licensing Division

A handwritten signature in cursive script, appearing to read "Lih", positioned above a horizontal line.

Lisa M. Torneten

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

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Adult Signature Restricted Delivery \$ _____

Postage
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 City, State, ZIP+4®

Tamara Davis
 6901 NW 23rd
 Bethany, OK 73008
 17-0320-DEN/LMT(mt)
 Cond.Adm.Ord. & Notice ~(5-09-17)



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

7016 2140 0000 3510 5757

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>Tamara Davis</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery TAMARA L DAVIS 5-10-17</p>
<p>1. Article Addressed to:</p> <p>Tamara Davis 6901 NW 23rd Bethany, OK 73008 17-0320-DEN/LMT(mt) Cond.Adm.Ord. & Notice ~(5-09-17)</p>	<p>D. 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 MAY 12 2017 Legal Division</p>
<p>2. Article Number (Transfer from service label) 7016 2140 0000 3510 5757</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>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt