

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
AUG 06 2018
INSURANCE COMMISSIONER
OKLAHOMA

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

Petitioner,)
)

v.)

Case No. 18-0507-DEN

KIMBERLY ANN SHANDY, an applicant)
for reactivation of a resident limited lines)
insurance producer license in the State of)
Oklahoma,)
)

Respondent.)

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 attorney, Barron B. Brown, and alleges and states as follows:

JURISDICTION AND AUTHORITY

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 Oklahoma Producer Licensing Act, 36 O.S. §§ 1435.1 through 1435.41.

2. Kimberly Ann Shandy ("Respondent") is an applicant for reactivation of a resident limited lines insurance producer license in the State of Oklahoma. Respondent's mailing address of record is P.O. Box 151, Okemah, Oklahoma 74859.

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. Pursuant to 36 O.S. § 1435.4(A), "[a] person shall not sell, solicit, or negotiate insurance in this state for any class or classes of insurance unless the person is licensed for that line of authority in accordance with Oklahoma Producer Licensing Act."

2. On January 31, 2018, Respondent's Oklahoma limited lines insurance producer license expired.

3. On July 18, 2018, Respondent applied for reactivation of her limited lines insurance producer license.

4. On July 19, 2018, Respondent was asked by the Oklahoma Insurance Department's ("OID") Licensing Division to provide a list of new insurance policies she had sold, solicited or negotiated in the State of Oklahoma after the date her license expired on January 31, 2018. By correspondence dated July 20, 2018, Respondent provided the requested list (the "provided list") to the OID's Licensing Division.

5. More specifically, the provided list showed that Respondent had sold, solicited or negotiated approximately fifty-four (54) new insurance policies without being properly licensed with the OID as required by 36 O.S. § 1435.4(A).

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 1435.13(A)(2), violating any insurance laws, or violating any regulation, subpoena or order of the Insurance Commissioner or of another state's Insurance Commissioner, through a violation of 36 O.S. § 1435.4(A), by

selling, soliciting, or negotiating insurance in the State of Oklahoma without being properly licensed.

ORDER

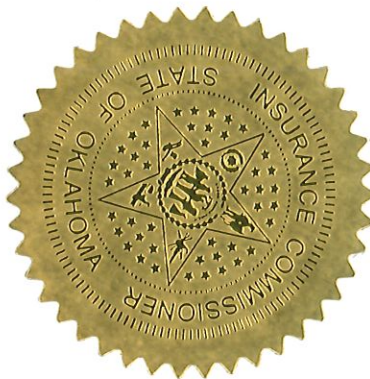
IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is **FINED SIX HUNDRED DOLLARS (\$600.00)**. **The \$600.00 civil fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$600.00 civil fine shall be paid by money order or cashier's check. Respondent's application for reactivation of her resident limited lines 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 Respondent's license application being withdrawn.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of receipt 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 receipt of this Order. A request for hearing should be in writing addressed to Barron B. Brown, 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 Oklahoma Insurance Code (36 O.S. §§ 101 et seq.), Oklahoma Administrative Code, Title 365 – Insurance Department (O.A.C. 365:1-7-1 through 1-7-

9) and the Oklahoma Administrative Procedures Act (75 O.S. §§ 308a et seq.). If 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 6th day of August, 2018.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Barron B. Brown".

Barron B. Brown
Assistant General Counsel
Oklahoma Insurance Department
3625 NW 56th 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 6th day of August, 2018, to:

Kimberly Ann Shandy
P.O. Box 151
Okemah, OK 74859

CERTIFIED MAIL NO.

7017 1450 0002 2806 3952

and a copy was delivered to:

Licensing Division

A handwritten signature in black ink that reads "Barron B. Brown".

Barron B. Brown
Assistant General Counsel

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Kimberly Ann Shandy
 P.O. Box 151
 Okemah, OK 74859
 18-0507-DIS/BBB(mt)
 (Cond.Adm.Ord. & Notice ~8-06-18)

Street and Apt. No., or PO Box N

City, State, ZIP+4®

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

7017 1450 0002 2806 3952

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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Addressee's name and address</p> <div data-bbox="48 1008 446 1186" style="border: 1px solid black; padding: 5px;"> Kimberly Ann Shandy P.O. Box 151 Okemah, OK 74859 18-0507-DIS/BBB(mt) (Cond.Adm.Ord. & Notice ~8-06-18) </div> <div data-bbox="56 1197 462 1291" style="text-align: center;">  9590 9402 3455 7275 7895 74 </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div data-bbox="462 1029 787 1197" style="border: 1px solid black; padding: 5px; text-align: center;"> OKLAHOMA INSURANCE DEPARTMENT RECEIVED AUG 10 2018 Legal Division </div> <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>2. Article Number (Transfer from service label)</p> <p>7017 1450 0002 2806 3952</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>