

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

FILED

AUG 08 2018

**INSURANCE COMMISSIONER,
OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN)
D. DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
LAKESIDE BANK OF SALINA,)
a licensed insurance producer in the State of)
Oklahoma,)
)
Respondent.)

Case No. 18-0536-DIS

**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 and alleges and states 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. Lakeside Bank of Salina is a resident Oklahoma insurance producer holding license 100252348. Its address of record is P.O. Box 188, Salina, Oklahoma 74365.

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 Lakeside Bank of Salina submitted an application to reinstate its producer license on July 20, 2018.
2. Oklahoma Insurance Department records show that Respondent's license expired on March 31, 2018 for failing to renew.
3. During the time Respondent's license was expired, approximately one-hundred and nineteen (119) Oklahoma policies were sold in the state of Oklahoma.
4. Respondent is required to maintain an active license while conducting an insurance business in Oklahoma.

CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 1435.4(A) in failing to maintain an active producer license in Oklahoma while conducting 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 THOUSAND FIVE HUNDRED DOLLARS (\$2,500.00)**. **License will be reinstated upon payment of this fine. The fine is to be paid within thirty (30) days of receipt of this Order.**

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 Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Street, 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 8th day of August, 2018.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders

Julie Meaders
Deputy General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112
Telephone: (405) 521-2746

CERTIFICATE OF MAILING

I, Julie Meaders, 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 August 2018 to:

Lakeside Bank of Salina
P.O. Box 188,
Salina, OK 74365

CERTIFIED MAIL NO: 9214 8902 0982 7500 0115 23

and that a copy was delivered to:

Licensing Division



Julie Meaders



August 14, 2018

Dear Sherry Standerfer:

The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8902 0982 7500 0115 23.

Item Details

Status: Delivered
Status Date / Time: August 13, 2018, 10:49 am
Location: SALINA, OK 74365
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Return Receipt Electronic
Recipient Name: LAKESIDE BANK OF SALINA

Shipment Details

Weight: 1.0oz

Recipient Signature

Signature of Recipient:	<i>Shawn Sumner</i>
	<i>Shawn Sumner</i>
Address of Recipient:	<i>188</i>

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Sincerely,
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