BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

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STATE OF OKLAHOMA, ex rel. JOHN)	AUG 0 8 2018
D. DOAK, Insurance Commissioner,)	INSURANCE COMMISSIONER OKLAHOMA
)	OKLAHOMA OKLAHOMA
Petitioner,)	
)	
V.)	Case No. 18-0545-DEN
)	:
MICKI L. ADAMS,)	
a licensed insurance producer,)	
)	
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 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. Micki Adams is an Oklahoma licensed insurance producer holding license 106361. Her address of record is 104 North E Street, Blackwell, Oklahoma 74631.
- 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 Micki L. Adams submitted an application to reinstate her producer license on July 13, 2018.
- 2. Oklahoma Insurance Department records show that Respondent's license expired on February 28, 2018 for failing to renew.
- 3. During the time Respondent's license was expired, approximately seven (7) 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 while conducting an 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 ONE HUNDRED DOLLARS (\$100.00). 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 aday of August 2018.

JOHN D. DOAK INSURANCE COMMISSIONER STATE OF OKLAHOMA

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 day of August to:

Micki L. Adams 104 North E Street Blackwell, OK 74631

CERTIFIED MAIL NO:

7017 1450 0002 2806 8780

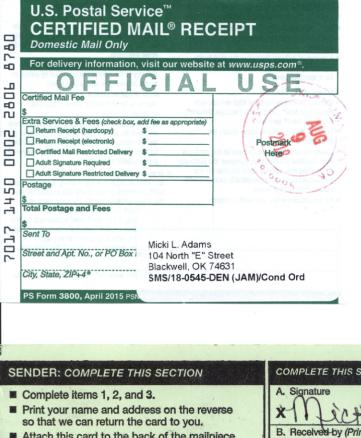
Julie Meaders

Julie Meaders

and that a copy was delivered to:

Licensing Division

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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. 1. Article Addressed to: OKLAHOMA INSURANCE OKLAHOMA INSUR	A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:
9590 9402 3455 7275 7883 00 2. Article Number (<i>Transfer from service label</i>) 7017 1450 0002 2806 8780	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Insured Mail Restricted Delivery (over \$500) □ Priority Mail Express® □ Registered Mail ™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt