BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

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STATE OF OKLAHOMA, ex rel. GLEN MULREADY, Insurance Commissioner,)	MAY 1 7 2019
Petitioner,	[INSURANCE COMMISSIONER OKLAHOMA
vs.	CASE NO. 19-0308-DIS
CASEY JORDAN BOWERS, a renewal applicant for a resident limited lines producer license,	
Respondent.)	

FILED

CONDITIONAL ADMINISTRATIVE ORDER AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. Glen Mulready, Insurance Commissioner, by and through counsel, Sandra G. LaVenue, and alleges and states as follows:

JURISDICTION AND AUTHORITY

- 1. Glen Mulready 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 Insurance Producer Licensing Act, 36 O.S. §§ 1435.1 through 1435.41.
- 2. Casey Jordan Bowers ("Respondent") is a renewal applicant for a resident limited lines producer license in the State of Oklahoma. Respondent's mailing address of record is 62418 E. 210 Rd., Fairland, Oklahoma 74343.
- 3. The Insurance Commissioner may censure, suspend, revoke, or refuse to issue or renew a license issued pursuant to the Oklahoma Insurance Producer

Licensing Act and/or may levy a fine of not less than \$100.00 nor more than \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code pursuant to 36 O.S. § 1435.13.

- 4. If Respondent requests a hearing in writing in this matter, pursuant to *OAC 365:1-7-1*, the Insurance Commissioner, pursuant to *36 O.S. § 319*, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.
- 5. The Insurance Commissioner, pursuant to *OAC 365:1-7-5*, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

FINDINGS OF FACTS

- 6. Respondent's resident limited lines producer license expired on November 30, 2018, with the Oklahoma Insurance Department ("OID").
 - 7. Respondent submitted a renewal application on April 25, 2019.
- 8. On May 2, 2019, the Oklahoma Insurance Department ("OID") Licensing Division requested information regarding the sale or solicitation of limited lines policies in the State of Oklahoma after the expiration of Respondent's License on November 30, 2018.
- 9. On or about May 10, 2019, Respondent provided a list of limited lines policies sold from December 1, 2018 to present.
- 10. Pursuant to 36 O.S. §§ 1435.26(C) and 1435.13(A)(2) it is a violation of the Producer Licensing Act for a limited lines producer to sell or solicit limited lines

policies without being duly license.

CONCLUSIONS OF LAW

11. Respondent has violated 36 O.S. §§ 1435.13(A)(2) and 1435.26(C) by selling or soliciting limited lines policies without proper licensure from the Oklahoma Insurance Commissioner.

ORDER

Commissioner, subject to the following paragraph, that Respondent is hereby CENSURED and FINED ONE HUNDRED (\$100.00) for violating of 36 O.S. §§ 1435.13(A)(2) and 1435.26(C). The \$100.00 fine is to be paid within thirty (30) days of this Conditional Administrative Order and made payable to the Oklahoma Insurance Department. Respondent's application for the renewal of his resident limited lines producer license shall be granted upon receipt of payment of the fine. Failure to pay the civil fine or request a hearing within thirty (30) days will result in your renewal 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 mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first (31st) day following the mailing of this Order. A request for hearing shall be in writing and addressed to Sandra LaVenue, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. Additionally, the request for hearing shall state the grounds for the request to set

aside or modify the Order. The request shall be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 through 323. If Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a 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 _____ day of May 2019.

COMMINICAL COMMINICAL

GLEN MULREADY
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Sandra LaVenue ØBA# 13372 Oklahoma Insurance Department 3625 NW 56th Street, Suite 100 Oklahoma City, Oklahoma 73112

(405) 521-2746

CERTIFICATE OF MAILING

I, Sandra LaVenue, 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, postage prepaid and return receipt requested, on this 171 day of May 2019, to:

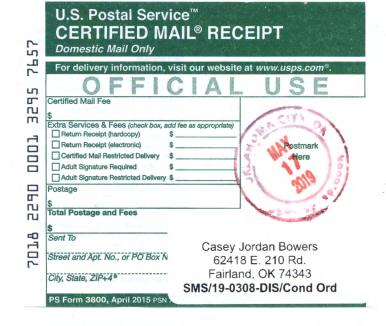
Casey Jordan Bowers 62418 E. 210 Rd. Fairland, OK 74343

CERTIFIED MAIL NO. 7018 2290 0001 3295 7657

and a copy was delivered to:

Karen Wojtek Licensing Division

> Sandra LaVenue Senior Counsel



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. 	A. Signature X
Casey Jordan Bowers 62418 E. 210 Rd. Fairland, OK 74343 SMS/19-0308-DIS/Cond Ord	D. Is delivery address different from item 1? Yes RECHTIVES, enter delivery address below: No SURANCE DEPARTMENT 2 3 2019 egal Division
9590 9402 4479 8248 3769 34 2. Article Number (Transfer from service label) 7018 2290 0001 3295 7657	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Mail Mail Restricted Delivery 00) Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery 00)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt