BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

| STATE OF OKLAHOMA, ex rel. GLEN | FILED |
|---|--------------------------------------|
| MULREADY, Insurance Commissioner, |) SEP 0 3 2019 |
| Petitioner, |) INSURANCE COMMISSIONER OKLAHOMA |
| v. | Case No. 19-0515-DIS |
| JAMES MASTERSON, a licensed resident insurance adjuster |)) |
| in the State Of Oklahoma, |)) |
| |)) |
| Respondent. |) |

CONSENT ORDER

COMES NOW the State of Oklahoma, ex rel. Glen Mulready, Insurance Commissioner, and the Respondent, James Masterson, ("Respondent") and stipulate to the following facts and applicable laws. The parties consent to the entry of this Order.

JURISDICTION

- 1. Glen Mulready 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 a resident Oklahoma insurance adjuster holding a license 1093981, with an address of record as 1086 County Street 2910, Tuttle, Oklahoma 73089-2923
- 3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Insurance

Adjusters Licensing Act and/or may levy a fine up to \$1,000.00 for each violation of the Oklahoma Insurance Code, 36 O.S. § 6220 A.9..

- 4. James Masterson, has been offered the opportunity for a hearing pursuant to the Oklahoma Insurance Code, 36 O.S. § 6220 and has waived the right for a hearing.
- 5. Informal disposition of this matter may be made by consent order pursuant to 75 O.S. § 309(E).

STIPULATIONS OF FACT

- 1. Respondent, submitted an application to reinstate his resident insurance adjuster license on or about July 25, 2019.
- 2. Oklahoma Insurance Department records show that Respondent's license expired on December 31, 2018 and the licensee failed to renew at or prior to that time.
- 3. During the time Respondent's license was expired, he adjusted approximately ninety seven (97) company claims in the State of Oklahoma.
- 4. Respondent is required to maintain a proper license while adjusting for an insurer or insurers in Oklahoma.

CONCLUSIONS OF LAW

Respondent violated 36 O.S. § 6220 A. 9. in failing to maintain an active adjuster license in Oklahoma while adjusting losses or negotiating claims.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner and CONSENTED to by the Respondent that he shall be and hereby is censured. Respondent's resident insurance adjuster license application for re-renewal can be processed.

WITNESS My Hand and Official Seal this 21st day of August, 2019.

APPROVED:

Ron Kreiter

Deputy General Counsel

Oklahoma Insurance Department

CE COMMINGER DE LA COMMINGE DE LA COMMINGENDA DE LA COMMINGE DEL COMMINGE DE LA COMMINGE DE LA COMMINGE DE LA COMMINGE DE LA C

James Masterson

CERTIFICATE OF MAILING

I, Ron Kreiter, hereby certify that a true and correct copy of the above and foregoing Consent Order was mailed certified return receipt on this 21st day of August, 2019, to:

James Masterson 1086 County Road 2910 Tuttle, Oklahoma 73089 Certified Mail Number 7018 1130 0001 5224 6658

And a copy was delivered to:

Nicole Godfrey Licensing Division

Ron Kreiter

Deputy General Counsel

| 58 | U.S. Postal Service [™] CERTIFIED MAIL [®] RECEIPT Domestic Mail Only | | |
|------|---|--|--|
| 卫卫 | For delivery information, visit our website at www.usps.com®. | | |
| 5224 | OF FROMA USE Certified Mail Fee \$ 73112 | | |
| | Extra Services & Fees (check box, add fee as appropriate) | | |
| 1000 | Return Receipt (pleatronic) Certified Mail Restricted Delivery Adult Signature Required Postmark Here | | |
| 1130 | Adult Signature Restricted Delivery \$ Postage \$ Total Postage and Fees | | |
| | \$ | | |
| 7018 | Sent To James Masterson Street and Apt. No., or PO Box N 1086 County Road 2910 Tuttle, OK 73089 | | |
| | City, State, ZIP+4 sms/19-0515-DIS (RLK)/Cons Ord PS Form 3800, April 2015 PSN 79-9-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2 | | |

| and the state of t | |
|--|--|
| 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 Agent Addressee B. Received by (Printed Name) Agent Addressee B. Received by (Printed Name) Agent Addressee |
| 1. Article Addressed to: | D. Is delivery address different from item 17 Yes If YES, enter delivery address below: |
| 1086 County Road 2910 Tuttle, OK 73089 sms/19-0515-DIS (RLK)/Cons Ord | EIVED PANCE DEPARTMENT 0 6 2019 |
| 9590 9402 4413 8248 8684 57 2. Article Number (Transfer from service label) 7018 1130 0001 5224 6658 | S. Service type |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |