

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

MAR 25 2020

**INSURANCE COMMISSIONER
OKLAHOMA**

STATE OF OKLAHOMA, ex rel. GLEN)
MULREADY, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
CANDACE BAIRD,)
an insurance)
producer,)
)
Respondent.)

Case No. 20-0036-DIS

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 his counsel, Sara A. Worten, and alleges and states as follows:

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

2. Respondent Candance Baird (“Respondent”) is a non-resident insurance producer licensed in the State of Oklahoma holding license number 3000690139. Respondent’s mailing address of record is 912 N. Main Street, McLean, Texas 79057.

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 became an active non-resident insurance producer license on or about October 17, 2019, with the Oklahoma Insurance Department (“OID”). Respondent’s domiciled state where she holds a resident producer license is Texas. On Respondent’s 2019 non-resident producer application she listed her address of record as being in McLean, Texas.

2. In June 2019, respondent moved from Texas to 10824 NW 36th Street, Yukon, Oklahoma prior to her application to Oklahoma for a non-resident producer license.

3. 36 O.S. § 1435.8 (F) provides “[l]icensees shall inform by any means acceptable to the Insurance Commissioner of a change of legal name, address, or e-mail address within thirty (30) days of the change to permit the Insurance Commissioner to give proper notice to licensees. A change in legal name or address submitted more than thirty (30) days after the change must include an administrative fee of Fifty Dollars (\$50.00). Failure to provide acceptable notification of a change of legal name or address to the Insurance Commissioner within forty-five (45) days of the date the administrative fee is assessed shall result in penalties pursuant to Section 1435.13 of this title.”

4. Further, 36 O.S. § 1435.9(D) states non-resident producer licensees who move from one state to another must file a change of address.

5. To date respondent has not updated her address of record or changed her status from non-resident producer to resident producer.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 1435.13(A)(1) by providing incorrect, misleading, incomplete or materially untrue information in the license application by providing the incorrect address of record.

2. Respondent violated 36 O.S. § 1435.13(A)(2) by failing to update her address and transfer her domiciled state as required by 36 O.S. §§ 1435.8 and 1435.9.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is hereby **CENSURED** and **FINED \$300.00** for violations of 36 O.S. §§ 1435.13(A)(1) and (2). **The \$300.00 fine is to be paid within 30 days** made payable to the Oklahoma Insurance Department. The \$300.00 civil fine must be paid by **money order or cashier's check**. Failure to pay the civil fine or request a hearing within 30 days will result in further administrative action.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that Respondent is to update her address of record within 30 days of receiving this order and transfer her state of domicile to Oklahoma. Failure to do so will result in further administrative action.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within 30 days of the date of mailing of this Order, this Order and the penalties set forth above will 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 Sara A. Worten, Oklahoma Insurance Department, Legal Division, 400 NE 50th Street, Oklahoma City, Oklahoma 73105. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing will 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 will 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 will be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 25th day of March 2020.



GLEN MULREADY
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

s/ Sara A. Worten
Sara A. Worten
Assistant General Counsel
400 NE 50th Street
Oklahoma City, OK 73105
(405) 521-2746

CERTIFICATE OF MAILING

I, Sara A. Worten, 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 25th day of March 2020 to:

Candace Baird
10824 NW Terrace
Yukon, OK 73099
CERTIFIED MAIL NO. 7019 1640 0001 3037 0420

Candace Baird
912 N. Main Street
McLean, TX 79057
CERTIFIED MAIL NO. 7019 1640 0001 3037 0413

and a copy was delivered to:

Courtney Khodabakhsh
Licensing Division

Robert E. Lee
Anti-Fraud Division

s/Sara A. Worten _____
Sara A. Worten
Assistant General Counsel



Oklahoma Insurance Department
 Legal Division
 400 NE 50th Street
 Oklahoma City, Oklahoma 73105

73105

CERTIFIED MAIL®



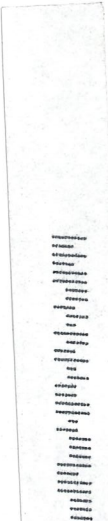
7019 1640 0001 3037 0420

**NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES**

**NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES**

Candace Baird
 10824 NW Terrace

1A



NEOPOST
 03/25/2020
US POSTAGE \$007.60
 ZIP 73105
 041M11455007

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 MAR 30 2020
 MAILROOM

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

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box 1 _____

City, State, ZIP+4® _____

Candace Baird
 10824 NW Terrace
 Yukon, OK 73099
 SMS/20-0036-DIS/Cond Ord



PS Form 3800, April 2015 PSN

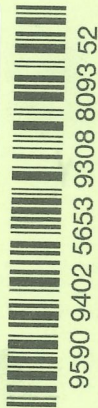
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, HOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- 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:

Candace Baird
 10824 NW Terrace
 Yukon, OK 73099
SMS/20-0036-DIS/Cond Ord



2. Article Number (Transfer from service label)

7019 1640 0001 3037 0420

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 MAR 30 2020
 Legal Division

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7019 1640 0001 3037 0413

Certified Mail Fee \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage \$ _____
Total Postage and Fees \$ _____

Sent To
 Street and Apt. No., or PO Box
 City, State, ZIP+4®

Candace Baird
 912 N. Main Street
 McLean, TX 79057
SMS/20-0036-DIS/Cond Ord

PS Form 3800, April 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

- 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.

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Candace Baird
 912 N. Main Street
 McLean, TX 79057
SMS/20-0036-DIS/Cond Ord



2. Article Number (Transfer from service label)

7019 1640 0001 3037 0413

COMPLETE THIS SECTION ON DELIVERY

A. Signature

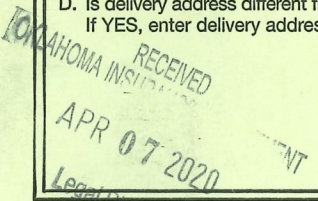
X *Candace Baird*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



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 (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