

**FILED**

**APR 24 2020**

**INSURANCE COMMISSIONER  
OKLAHOMA**

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

STATE OF OKLAHOMA, ex rel. GLEN )  
 MULREADY, Insurance Commissioner, )  
 )  
 Petitioner, )  
 v. )  
 )  
 CHRISTOPHER REAVIS, )  
 a resident producer, )  
 )  
 Respondent. )

**Case No. 20-0144-DIS**

**CONSENT ORDER**

COMES NOW the State of Oklahoma, ex rel. Glen Mulready, Insurance Commissioner, and the Respondent Christopher Reavis, and stipulate that if a hearing was held, the Petitioner would offer the following facts and applicable laws. The parties consent to 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. including the Oklahoma Producer Licensing Act, 36 O.S. § 1435.1 et seq.

2. Respondent Christopher Reavis ("Respondent") holding license number 40134555, is licensed by the State of Oklahoma at a resident insurance producer as defined and required by 36 O.S. § 1435.2(7). His address of record is P.O. Box 521098, Tulsa, Oklahoma 74152.

3. Informal disposition of this matter may be made by consent order pursuant to 75 O.S. § 309 (E).

### STIPULATIONS OF FACT

1. In September 2018, the Anti-Fraud Unit of the Oklahoma Insurance Department (the "Department") was notified the Respondent was terminated for cause by his appointing insurer, National General Accident and Health ("NGAH").

2. NGAH found Respondent created fictitious clients to obtain commission payments from NGAH.

3. On or about October 10, 2018, the Department's anti-fraud unit attempted to contact Respondent at the following addresses he provided to the Department:

- a. P.O. Box 5210988, Tulsa, OK 74152
- b. 1218 Hazel Blvd., Tulsa, OK 74114

Contact at those provided addresses was unsuccessful and to date Respondent's address had not been updated.

### CONCLUSIONS OF LAW

1. Based on the above Findings of Fact the Commissioner finds by clear and convincing evidence that:

- a. Respondent violated *36 O.S. § 1435.13(A)(7)* by having been found by NGAH to have committed fraud.
- b. Respondent violated *36 O.S. § 1435.8 (F)* by failing to notify the Insurance Commissioner of a change of address within 45 days of the change to permit the Insurance Commissioner to give proper notice.

**ORDER**

IT IS THEREFORE ORDERED by the Insurance Commissioner and  
CONSENTED to by the Respondent that Respondent is fined a total of \$1,000.00 (\$500.00  
per violation) and his producer license is hereby REVOKED.

WITNESS My Hand and Official Seal this 23 day of <sup>April</sup>~~March~~ 2020.

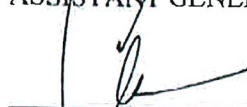



GLEN MULREADY  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
BRIAN DOWNS  
FIRST DEPUTY COMMISSIONER  
CHIEF OF STAFF

AGREED TO:

  
SARA WORTEN  
ASSISTANT GENERAL COUNSEL

  
CHRISTOPHER REAVIS  
RESPONDENT

  
STANLEY D. MONROE  
ATTORNEY FOR RESPONDENT

**CERTIFICATE OF MAILING**

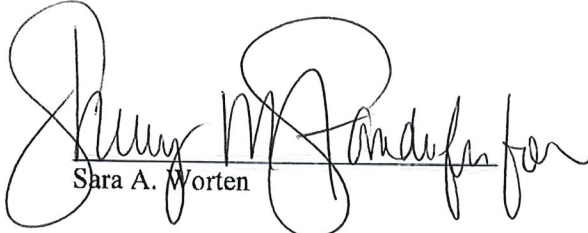
I, Sara A. Worten, hereby certify that a true and correct copy of the above and foregoing Consent Order was mailed by first class U.S. Mail and by certified mail with postage prepaid and return receipt requested on this 24<sup>th</sup> day of ~~March~~ 2020 to:

Christopher Reavis  
c/o Stanley D. Monroe  
Stanley D. Monroe P.C.  
15 W. 6<sup>th</sup> Street, Suite 2112  
Tulsa, OK 74119

***Certified Mail Number***  
**7019 1640 0001 3037 0635**

and that a copy was delivered to:

Courtney Khodabakhsh/Producer Licensing Division  
Rick Koch/ Anti-Fraud Team

  
Sara A. Worten

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- Adult Signature Required \$ \_\_\_\_\_
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Postage

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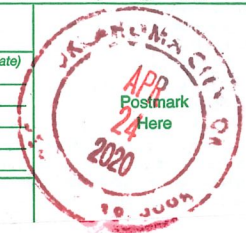
**Total Postage and Fees**

\$

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Street and Apt. No., or PO Box

City, State, ZIP+4®



Christopher Reavis  
c/o Stanley D. Monroe  
Stanley D. Monroe P.C.  
15 W. 6th Street, Suite 2112  
Tulsa, OK 74119  
SMS/20-0144-DIS (SAW)/Cond Ord

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

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**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:

Christopher Reavis  
c/o Stanley D. Monroe  
Stanley D. Monroe P.C.  
15 W. 6th Street, Suite 2112  
Tulsa, OK 74119  
SMS/20-0144-DIS (SAW)/Cond Ord



9590 9402 5653 9308 8097 27

2. Article Number (Transfer from service label)

7019 1640 0001 3037 0635

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-27-20

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

OKLAHOMA INSURANCE DEPARTMENT

MAY 01 2020

Legal Division

3. Service Type

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- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (00)

Domestic Return Receipt