BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. KIM HOLLAND, Insurance Commissioner,	)	
Petitioner,	)	
v.	)	**Case No. 10-1511-DIS**
JAMES CARROLL PARKMAN, JR.	)	
Respondent.	)	

CONDITIONAL ADMINISTRATIVE ORDER AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. Kim Holland, Insurance Commissioner, by and through her attorney, Julie Meaders, and alleges and states as follows:

JURISDICTION

1. Kim Holland 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. James Carroll Parkman's address of record is [redacted] Parkman held a resident insurance producer license 80992 which was suspended on August 31, 2010 for noncompliance with producer continuing education requirements.

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. Parkman submitted an application to reinstate his producer license 80992 on December 10, 2010. The application stated under Parkman's employment history that he has been self-employed in insurance sales from November 2005 until December 2010. (Exhibit "A").

2. Parkman declared under penalty of perjury that the statements made in the application were true, correct and complete.

3. Oklahoma Insurance Department records revealed that Parkman was issued producer license 121638 and the license was suspended on August 31, 2010 for noncompliance with producer continuing education requirements.

4. Parkman completed his continuing education requirements on December 3, 2010.

5. Parkman was required to be licensed while employed in insurance sales between August 2010 and December 3, 2010.

ALLEGED VIOLATIONS OF LAW

1. Parkman violated 36 O.S. § 1435.4(A) in failing to maintain an active producer license while employed in an insurance-related business, thereby in violation of 36 O.S. § 1435.13(A)(2).

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is fined Five Hundred Dollars ($500.00). The $500.00 fine is to be paid

within thirty days of receipt of this Order by money order or cashiers check made payable to the Oklahoma Insurance Department. Respondent's license may be reinstated upon receipt of payment.

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, Post Office Box 53408, Oklahoma City, Oklahoma 73152-3408. 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 20th day of December 2010.

KIM HOLLAND
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders

Julie Meaders
Assistant General Counsel
P.O. Box 53408
Oklahoma City, Oklahoma 73152
Telephone: (405) 521-2746
Facsimile: (405) 522-0125

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 20th day of December, 2010, to:

James Carroll Parkman, Jr.
[redacted]

CERTIFIED MAIL NO. 7008 1830 0003 9410 8895

and a copy was delivered to:

Producer Licensing Division

Julie Meaders

JULIE MEADERS
ASSISTANT GENERAL COUNSEL

#80992

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

NAIC

Uniform Application for Individual Insurance Producer License

(Please Print or Type)

Check appropriate box for license requested.

- [X] Resident License
- [ ] Non-Resident License
  - Identify Home State: OKLAHOMA
  - Identify Home State License #: 80992

Demographic Information

(1) Soc. Security Number	(2) If assigned, National Producer Number (NPN)
[redacted]	

(3) If applicable, NASD Individual Central Registration Depository (CRD) Number	(4) Are you affiliated with a financial institution/bank? Yes [ ] No [X]

(5) Last Name	JR./SR. etc	(6) First Name	(7) Middle Name	(8) Date of Birth (month
PARKMAN	JR	JAMES	CARROLL	[redacted]

(9) Residence/Home Address (Physical Street)	(10) P.O. Box	(11) City	(12) State	(13) Zip Code	(14) Foreign Country
[redacted]		NORMAN	OK	73072	

(15) Home Phone Number	(16) Gender (Circle One)	(17) Are you a Citizen of the United States? (Check One)
[redacted]	Male Female	Yes [X] No [ ] (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)

(18) Business Entity Name: Same

(19) Business Address (Physical Street)	(20) P.O. Box	(21) City	(22) State	(23) Zip Code	(24) Foreign Country
Same					

(25) Business Phone Number (include extension)	(26) Business Fax Number	(27) Business E-Mail Address	(28) Business Web Site Address
(405) 306 0983	( ) -	Hymie R@cox.net	

(29) Applicant's Mailing Address	(30) P.O. Box	(31) City	(32) State	(33) Zip Code	(34) Foreign Country
Same					

(35) a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.

b. List any trade names under which you are currently doing business or intend to do business.

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
DEC 13 2010
Agent Licensing Division

Agency or Business Entity Affiliations

(36) List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____ NPN _____ Name of Agency _____

FEIN _____ NPN _____ Name of Agency _____

FEIN _____ NPN _____ Name of Agency _____

Employment History

(37) Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

	From Month	From Year	To Month	To Year	Position Held
Name Self	11	05	12	10	Insurance Sales
City Norman State OK Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
DEC 10 2010
MAILROOM

(State Use)

Exp 8/31/10

RIS

RIS 120.-

PETITIONER'S EXHIBIT "A"

FINRA BrokerCheck - Search Results

List View

Below is a list of all possible matches that were returned based on the search criteria you provided. Review the information below to determine the brokerage firm or individual broker you would like to view. Select the brokerage firm or individual broker to view the information available on BrokerCheck.

Results 1 to 3 of 3

Legal Name (CRD#)	Other Names	Current Employing Brokerage Firms (CRD#)
JAMES PARKMAN ORR (2527765)	JIM ORR	MERRILL LYNCH, PIERCE, FENNER & SMITH INCORPORATED (7691)
JAMES CARROLL PARKMAN JR (2212562)	JAMES CARROLL PARKMAN JAMIE PARKMAN JR	Not FINRA-Registered since 12/2004
JAMES EDWARD PARKMAN JR (1850760)	JIM PARKMAN	PARKMAN WHALING SECURITIES LLC (145342)

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Uniform Application for Individual Insurance Producer License

Jurisdiction and Type of License Requested

(33) Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

License Types:	A – Agent	B – Broker	P - Producer	SLP – Surplus Lines Producer		
Lines of Authority:	V – Variable Life/Variable Annuity	L – Life	H – Accident & Health or Sickness	P – Property	C – Casualty	PL – Personal Lines
Limited Lines:	Credit– Credit	CR – Car Rental	CROP - Crop	T – Travel	S – Surety	O – Other: Specify Type

	License Type				Major Lines of Authority						Limited Lines of Authority					
Jurisdiction	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK	■	■														
AL																
AR																
AZ	■	■														
CA			■	■												
CO	■	■		■								■	■			
CT	■	■														
DC	■	■														
DE	■	■											■			
FL		■	■	■						■						
GA		■										■	■		■	
GU				■						■						
HI	■			■						■			■		■	
IA	■	■														
ID	■	■										■				
IL	■	■		■							■					
IN	■	■		■	■											
KS		■	■								■	■			■	
KY		■														
LA	■	■														
MA	■	■		■								■	■		■	■
MD	■	■											■		■	
ME	■												■		■	
MI	■	■										■		■	■	
MN	■	■										■			■	
MO	■	■										■			■	
MS										■		■	■		■	
MT	■	■		■												
NC			■	■												
ND	■	■										■				
NE	■	■														
NH	■	■		■						■						
NJ	■	■														
NM			■	■						■						
NV	■	■														
NY											■		■		■	
OH		■	■	■								■			■	
OK					✓	✓	✓								■	
OR	■	■									■	■	■	■	■	
PA	■	■														
PR				■						■						
RI				■												
SC			■	■						■						
SD	■	■														
TN	■	■		■												
TX		■	■									■		■	■	■
UT	■	■														
VI				■						■						
VA		■											■	■	■	■
VT	■	■														
WA			■	■						■	■		■			
WI		■	■		■							■	■		■	
WV	■	■														
WY	■	■										■	■	■	■	

Uniform Application for Individual Insurance Producer License

Background Information

(19) The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ✓
   "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.

   If you answer yes, you must attach to this application:
   a) a written statement explaining the circumstances of each incident,
   b) a certified copy of the charging document,
   c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

   If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A_____ Yes_____ No_____

   If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A _____ Yes ____ No _____

2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes ___ No ✓

   "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

   If you answer yes, you must attach to this application:
   a) a written statement identifying the type of license and explaining the circumstances of each incident,
   b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
   c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankrupicies that involve funds held on behalf of others. Yes ___ No ✓

   If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ✓

   If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ✓

   If you answer yes, you must attach to this application:
   a) a written statement summarizing the details of each incident,
   b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
   c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ✓

   If you answer yes, you must attach to this application:
   a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
   b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No ✓

   If you answer yes,
   a) by how many months are you in arrearage? _____ Months
   b) are you currently subject to a repayment agreement? Yes ___ No ___
   c) are you the subject of a child support related subpoena/warrant? Yes ___ No ___

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Uniform Application for Individual Insurance Producer License

Applicant's Certification and Attestation

(40) The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining Applicant's qualification for licensure. *(Applicable only to residents of Alaska)*

12/10/2010
Month/Day/Year

James Carroll Parkman Jr
Original Producer Signature

James Carroll Parkman Jr
Full Legal Name (Printed or Typed)

Attachments

(41) The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

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