

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN
DOAK, Insurance Commissioner,

Petitioner,

v.

JOSHUA MCCLAIN, a licensed
nonresident insurance producer,

Respondent.

)
)
)
)
)
)
)
)
)
)
)

Case No. 12-1075-DIS

FILED
FEB 11 2013
INSURANCE COMMISSIONER
OKLAHOMA

DISMISSAL WITHOUT PREJUDICE

The above referenced case is dismissed without prejudice for the following reason:

Respondent provided documentation that Respondent continues to maintain his residence in
Texas.

WITNESS My Hand and Official Seal this 11th day of February, 2013.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


Julie Meaders
Assistant General Counsel

CERTIFICATE OF MAILING

I, Julie Meaders, hereby certify that a true and correct copy of the above and foregoing Dismissal without Prejudice was mailed by certified mail with postage prepaid and return receipt requested on this 11th day of February, 2013 to:

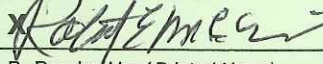
Joshua McClain


CERTIFIED MAIL NO: 7001 0320 0003 9967 1286

and that a copy was delivered to:

Licensing Division


Julie Meaders

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Joshua McClain 15502 Ripplewind Lane Houston, TX 77068 12-1075-DIS/JAM(mt)DWOP </div>		B. Received by (Printed Name) Robert McClain	
2. Article Number (Transfer from service label) 7001 0320 0003 9967 1286		C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fee	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
Joshua McClain 15502 Ripplewind Lane Houston, TX 77068 12-1075-DIS/JAM(mt)DWOP	

PS Form 3800, January 2001 See Reverse for Instructions