

FILE
AUG 25 1946
INSURANCE COMMISSIONER
OKLAHOMA

Petitioner,

Case No. 16-0817-DIS

CONDITIONAL ADMINISTRATIVE ORDER AND NOTICE OF RIGHT TO BE HEARD

JURISDICTION

2. Metro Express Insurance Agency, LLC (“Respondent”) is a licensed insurance producer business entity in the State of Oklahoma holding license number 0010007059.

FINDINGS OF FACT

2. The November 10, 2015 inquiry letter was sent to Respondent's address filed with

the OID and contained within the National Association of Insurance Commissioners (“NAIC”) State Based Systems (“SBS”) Database. The SBS-provided mailing address on record for Respondent is listed as 1346 SW 59th Street, Oklahoma City, Oklahoma 73119.

3. The thirtieth (30th) day after the date of the inquiry letter was December 10, 2015. Respondent failed to provide a response to the aforementioned inquiry letter on or before December 10, 2015.

4. On or about December 9, 2015, the OID sent a follow-up letter involving the same complaint file to Respondent’s mailing address.

5. The thirtieth (30th) day after the date of follow-up inquiry letter was January 8, 2016. Respondent failed to provide a response to the aforementioned follow-up inquiry letter on or before January 8, 2016.

5. A copy of the inquiry letter and follow-up inquiry letter that were not timely responded to by Respondent are attached as “Petitioner’s Exhibits A & B” respectively.

6. As of the date of this Order, Respondent has failed to provide a response to either of the aforementioned letters to the OID.

CONCLUSION

1. Respondent has violated 36 O.S. § 1250.4(B); by failing to furnish an adequate response to an inquiry from the Commissioner within thirty (30) days from the date of the inquiry.

ORDER

IT IS THEREFORE ORDERED that Respondent shall provide a response to the inquiries referenced above and is fined in the amount of One Thousand Dollars (\$1,000.00). The response and fine are to be submitted to the Oklahoma Insurance Department within

thirty (30) days of the date of this Order. The \$1,000.00 civil fine shall be paid by money order or cashier's check. Failure to comply with this Order or request a hearing within thirty (30) days may result in further administrative action.

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 Barron B. Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. 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 25th day of August, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown

Barron B. Brown
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
(405) 521-2746

CERTIFICATE OF MAILING


I, Barron B. Brown, 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 August, 2016, to:

Metro Express Insurance Agency, LLC
Attn: Braden Garrett
1346 SW 59th St.
Oklahoma City, OK 73119

CERTIFIED MAIL NO. 7016 0910 0000 5833 5206

and a copy was delivered to:

Consumer Assistance Division



Barron B. Brown
Assistant General Counsel



November 10, 2015

METROEXPRESS INS AGENCY LLC
1346 SW 59 ST
OKLAHOMA CITY OK 73119

RE: ORIS HICKOK, POLICY NA113090100
OID FILE NUMBER: 54110

Dear Ladies and Gentlemen:

Enclosed you will find a copy of a Request for Assistance we have received from the above inquirer. Please review this correspondence and advise this office of your position. We ask that you use our file number on all correspondence concerning this inquiry.

Section 1250.4 (B) of the Oklahoma Insurance Code requires that your company provide this Department with an adequate written explanation regarding your position taken in this matter. Your response must be received by this office no later than thirty (30) days from the date of this letter.

Your response must include the full name of the insuring company and the corresponding NAIC company code. This will ensure that we associate the record of the complaint with the appropriate entity. We also request that you provide a copy of the policy in question, and further request that you provide a specific contact person who will be handling this matter, their direct telephone number and e-mail address.

Thank you in advance for your assistance and your timely response. This department looks forward to working with you in resolving the insurance problems of this consumer.

Sincerely,

Jason Johnston CIC CISR
Sr. Claims Process Reviewer
Consumer Assistance/Claims Division
Jason.Johnston@oid.ok.gov
(405)521-2991 Phone (405) 521-6652 Fax

Enclosure



December 9, 2015

METROEXPRESS INS AGENCY LLC
1346 SW 59 ST
OKLAHOMA CITY OK 73119

RE: ORIS HICKOK
OID FILE NUMBER: 54110

Dear Ladies and Gentlemen:

Enclosed you will find a copy of a Request for Assistance we have received from the above inquirer. Please review this correspondence and advise this office of your position. We ask that you use our file number on all correspondence concerning this inquiry.

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Thank you in advance for your assistance and your timely response. This department looks forward to working with you in resolving the insurance problems of this consumer.

Sincerely,

Jason Johnston CIC CISR
Sr. Claims Process Reviewer
Consumer Assistance/Claims Division
Jason.Johnston@oid.ok.gov
(405)521-2991 Phone (405) 521-6652 Fax

Enclosure