

**FILED**  
MAY 07 2019  
INSURANCE COMMISSIONER  
OKLAHOMA

**Case No. 19-0147-DIS**

failed to appear.

Petitioner witness Courtney Khodabaksh was sworn and testified. Petitioner Exhibits A through E were introduced and admitted without objection. Said Petitioner Exhibits are included herein by reference and attached as Petitioner's Exhibits A through E respectively, with certain nonpublic personal information of Respondent contained in said Petitioner Exhibits having been redacted where necessary and appropriate. Arguments from Petitioner's counsel were heard. The administrative hearing was recorded electronically by an employee of the OID. Therefore, after consideration of the testimony and evidence presented, this Independent Hearing Examiner issues his Order of Findings of Fact and Conclusions of Law.

### **JURISDICTION AND AUTHORITY**

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 Act.

2. Respondent is a licensed insurance adjuster in the State of Oklahoma holding license number 100192811.

3. Pursuant to 36 O.S. § 6220(A), the Insurance Commissioner may censure, suspend, revoke or refuse to issue or renew an adjuster license issued pursuant to the Act for any of the causes set forth in 36 O.S. § 6220(A)(1)-(16). Further, "[i]n addition to or in lieu of any applicable denial, suspension, or renovation of a license, any person violating the provisions of the [Act] may be subject to a civil fine of not more than One Thousand Dollars (\$1,000.00) for each violation." 36 O.S. § 6220(B).

### **FINDINGS OF FACT**

1. On or about February 7, 2019, the Oklahoma Insurance Department's Licensing Division ("OID Licensing") was put on notice of a previously undisclosed criminal felony conviction on Respondent's record by her employer, The Hartford.

2. More specifically, on or about September 26, 1996, Respondent entered a guilty plea to, and was convicted of, theft, a class D felony, in the State of Indiana (State of Indiana v. Vanada M Harris, Allen Superior Court 5, Case No. 02D04-9605-DF-000229). A copy of the Judgement of Conviction is attached as Petitioner's Exhibit "A".

3. Pursuant to 36 O.S. § 402(A), "[n]o person who has been convicted of a criminal felony involving dishonesty or breach of trust, or who has been convicted of an offense under Section 1033 of Title 18 of the United States Code, shall engage or participate in the business of insurance in this state or do any of the acts of an insurance business as set forth in Section 4 of [the Crimes By or Affecting Persons Engaged in the Business of Insurance Act]." Additionally, 36 O.S. § 6220(A)(5) provides that the Insurance Commissioner may revoke an adjuster license issued pursuant to the Act for "[c]onviction of or pleading guilty or nolo contendere to a felony pursuant to the laws of [Oklahoma], any other state, the United States, or any foreign country."

4. Respondent failed to disclose the aforementioned criminal felony conviction in State of Indiana v. Vanada M Harris to OID Licensing in her initial application for licensure in 2014. Additionally, Respondent failed to disclose said conviction in both her 2016 and 2018 renewal applications submitted to OID Licensing.

#### **CONCLUSIONS OF LAW**

1. Respondent violated 36 O.S. § 402(A) and 36 O.S. § 6220(A)(5) by having been convicted of a criminal felony involving dishonesty or breach of trust, or convicted of an offense under Section 1033 of Title 18 of the United States Code.



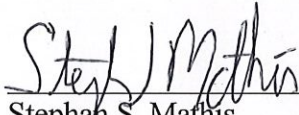
2. Respondent violated 36 O.S. § 6220(A)(12) by obtaining or attempting to obtain a license through misrepresentation or fraud.

**ORDER**

**BASED ON THE CLEAR AND CONVINCING EVIDENCE SET FORTH ABOVE**, Respondent's Oklahoma insurance adjuster license is hereby **REVOKED**; Respondent, pursuant to 36 O.S. § 319, is assessed the costs of this proceeding in the amount of **ONE HUNDRED TWENTY-FIVE DOLLARS (\$125.00)**; and Respondent is **FINED** in the amount of **ONE THOUSAND DOLLARS (\$1,000.00)**. The costs and fine amount are to be paid within thirty (30) days of receipt of this Final Administrative Order.

Done this 2 day of May, 2019.



  
Stephan S. Mathis  
Independent Hearing Examiner  
Oklahoma Insurance Department

**CERTIFICATE OF MAILING**

I, Barron B. Brown, hereby certify that a true and correct copy of the above and foregoing *Notice of Hearing and Order to Show Cause* was mailed by certified mail, with postage prepaid and return receipt requested, on this 7<sup>th</sup> day of May, 2019, to:

Vanada Mae Tucker  

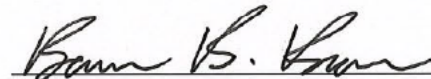

**CERTIFIED MAIL NO:**  
**7018 2290 0001 3296 4754**

and that a copy was sent via electronic mail to:

[vanada.tucker@thehartford.com](mailto:vanada.tucker@thehartford.com)

and that a copy was delivered to:

NAIC RIRS  
Licensing Division

  
\_\_\_\_\_  
Barron B. Brown  
Assistant General Counsel

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF ALLEN )

IN THE ALLEN SUPERIOR COURT  
CRIMINAL DIVISION

CAUSE NO. 02D04-9605-DF-229 (A)

STATE OF INDIANA  
Plaintiff,

vs.

VANADA M. HARRIS  
Defendant.

JUDGMENT OF CONVICTION

Defendant appears in person and by counsel, JOHN NIMMO. State appears by Deputy Prosecuting Attorney PATRICIA AKEL. Defendant having entered plea of guilty, sentencing hearing is held.

The Court, having considered the written presentence investigation report and having heard and considered evidence, now finds: Defendant is guilty of THEFT, a Class D felony.

IT IS THEREFORE ORDERED that the defendant be committed to the Indiana Department of Correction for classification and confinement for a period of 1 1/2 year(s), provided however, that said sentence of imprisonment is ordered suspended and defendant placed on active adult probation for a period of ONE years, subject to the standard conditions of probation and special conditions of probation.

**Probation Requirements and Recommendations:** Probation user's fees assessed. Defendant ordered to pay a fine of \$100, ~~Costs only~~; restitution in full; defendant is granted credit for 3 days served in jail; pay public defender's fee of \$100.00;

**Other Requirements:** No further illegal activity; random drug screens; 40 hours Community Service each week if not employed; counseling; defendant assessed court costs; ~~Safe Schools Fee of \$200 assessed by the State~~ CRIMINAL INTERVENTION PROGRAM  
SUPPORT HER CHILD THROUGH REGULAR EMPLOYMENT AND PURSUE CHILD SUPPORT FROM CHILD'S FATHER, 20 HOURS COMMUNITY SERVICE

JUDGMENT ACCORDINGLY.

Date: SEPT. 26, 1996

PLEA OF GUILTY SUSPENDED

P. H. HARRIS  
Judge, Allen Superior Court  
Allen County, Indiana





Lisbeth A. Borgmann  
Clerk of Allen Circuit Court and ex-officio  
Clerk of Allen Superior Court  
Allen County, Indiana Pages: 1

Attest:

**NOV 07 2018**

This instrument is a true and complete copy  
of the record on file in this office.

Lisbeth A. Borgmann s.l.s. (initials)  
(Clerk's signature and seal)





Transaction#443614788

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**Tucker, Vanada Mae**

Trans. Type: Non-Resident License

NIPR Trans: 443614788

[Check I-SITE Listing](#)

Natl. Prod. #: 17291641

Date of Birth: [REDACTED]

Gender: F

Resident State: CT

License #: 002461039

Nationality: U.S.A.

**Applicant Info****Residence Address:**

[REDACTED]

U.S.A.

**Business Address:**501 PENNSYLVANIA PARKWAY, SUITE 300  
INDIANAPOLIS, IN 46280

U.S.A.

**Mailing Address:**

[REDACTED]

U.S.A.

**Applicant Info Cont.****Business E-mail Address:**

VANADA.TUCKER@THEHARTFORD.COM

**Individual Applicant E-mail Address:**

VANADA.TUCKER@THEHARTFORD.COM

**Business Phone #:**

(317) 531-9281

**Employment History**

Employer	Employment Dates	Position	Location	Country
The Hartford	July 2004 - June 2014	Claim Tech and CSR	Indianapolis, IN	U.S.A.

**Background Questions**

1A: Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

No

1B: Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

No

1C: Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Note: For Questions 1a, 1b and 1c, "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 contendere or no contest, or having been given probation, a suspended sentence, or a fine. If you answer yes to any of these questions, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

No

2: Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? "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, sanctioned 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, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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 copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

No

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 a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

No

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

No

5: Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings, and c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

No

6: Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? 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) copies of all relevant documents.

No

7: Do you have a child support obligation in arrears?

No



8: In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?  
NA

**OK Special Questions**

3: Did you qualify for this license type by passing an adjuster examination?

Yes

3A: If yes to Key\_Val 3, which state?

CONNECTICUT

4: What lines of authority did the adjuster exam cover (crop, workers' comp, property/casualty, etc.)?

P&C EXCLUDING W/C

**Attestation**

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: Unless provided otherwise by law or regulation of the jurisdiction, 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 which this application is made 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: I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Applicants Certification and Attestation: Yes

**Authorizing Officer**

Submitter: Authorized Submitter

Name: Christine Stolfi

Company: The Hartford

Business Address: 1 HARTFORD PLAZA

HARTFORD, CT 06155

U.S.A.

Business Phone #: (860) 509-2723

As the authorized submitter, I declare that the applicant provided all the information submitted on this application.

**Contact Information**

Name: VANADA TUCKER

Business E-mail Address: VANADA.TUCKER@THEHARTFORD.COM

**Transaction Information**

State: OK

Date Sent: 06/23/2014

Validation: Pass

Status: Processed

Customer: 83ECOMM

Customer Batch: 1197444

Customer Trans#: 2325057

State Fee: \$50.55

Trans Fee: \$6.18

Payment Method: Credit Card

**Licenses/Lines of Authority**

License Class	Effective Date	Renew Date	Accepted	Comment Code	Comments
Adjuster	06/24/2014		Yes		
Lines of Authority					
Line of Authority	Effective Date	Renew Date	Accepted	Comment Code	Comments
Casualty	06/24/2014		Yes	999	Accepted - see License response for details
Property	06/24/2014		Yes	999	Accepted - see License response for details

**Intermediate Responses**

License Class	IR Sent	Action Req'd	Comment Code	Comments
Adjuster	Yes	No	37264	This application has been deferred to OK DOI for final approval.
Adjuster	Yes	No	53322	Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th, Suite 100, Oklahoma City, OK 73112-4511; For assistance please access our webpage at <a href="http://www.oid.ok.gov">www.oid.ok.gov</a> and click on the LICENSE/EDUCATION tab for information regarding Oklahoma licensing.
Adjuster	Yes	No	74879	Your license has been approved. Oklahoma does not mail out license cards to nonresidents. Please allow up to 48 hours to print the license. The license can be printed from the following link: <a href="http://www.statebasedsystems.com/LicensePrint.htm">http://www.statebasedsystems.com/LicensePrint.htm</a>

**Lines of Authority**

No Intermediate Responses for Lines of Authority to display.

**Audit Information**

Date	Comments
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2/19/2019

Transaction#443614788

Date	Comments
06/24/2014 12:10:18	State Interface - User: OK407 - Transaction released

**Notes**

NEW BUSINESS CHECK COMPLETE. NO RIRS. 6/24/14 BRB



2/19/2019

Transaction#443614788

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Transaction#484750585

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**Tucker, Vanada**

Trans. Type:  
NRR Adjuster with Designated Home State  
NIPR Trans: 484750585  
**Check I-SITE Listing**  
Natl. Prod. #: 17291641  
Date of Birth:   
Adjuster Designated Home State: OK  
License #: 100192811

**Applicant Info****Residence Address:**

U.S.A.

**Business Address:**

501 PENNSYLVANIA PARKWAY, SUITE 300  
INDIANAPOLIS, IN 46280  
U.S.A.

**Mailing Address:**

U.S.A.

**Applicant Info Cont.****Business E-mail Address:**

Vanada.Tucker@thehartford.com

**Individual Applicant E-mail Address:**

Vanada.Tucker@thehartford.com

**Residence Phone #:****Business Phone #:**

(877) 230-3084

**Background Questions**

1A: Have you been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor, which has not been previously reported to this insurance department? You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

No

1B: Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, which has not been previously reported to this insurance department? You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

No

1C: Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to this insurance department? If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

No

2: Have you been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned 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, or registration. "Involved" also means having a license, or registration, application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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 copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

No

3: Do you have a child support obligation in arrears, which has not been previously reported to this insurance department?

No

4: In response to a "yes" answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

NA

**OK Special Questions**

2: A Non-Resident Licensed Adjuster in the state of Oklahoma must complete the required Continuing Education hours as set forth by Oklahoma Statutes. OR A Non-Resident Licensed Adjuster may complete Continuing Education requirements in a state where the Non-Resident licensee is currently licensed and is in good standing with that state's Continuing Education requirement. Have you met one of the Continuing Education requirements above? (I understand that at the request of the Oklahoma Insurance Department, I may be required to submit the course completions.)

Yes

2A: Please provide the state abbreviation in which CE requirements were met

OK

**Attestation**

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: Unless provided otherwise by law or regulation of the jurisdiction, 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



2/19/2019

Transaction#484750585

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 which this application is made 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: I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Applicants Certification and Attestation: Yes

**Authorizing Officer**

Submitter: Authorized Submitter

Name: CHERYL KILLINGSWORTH

Company: THE HARTFORD

Business Address: 7800 NW 85TH TERRACE

OKLAHOMA CITY, OK 73132

Business Phone #: 405-621-5052

As the authorized submitter, I declare that the applicant provided all the information submitted on this application.

**Transaction Information**

State: OK

Date Sent: 06/24/2016

Validation: Pass

Status: **Processed**

Customer: 83CTCORP

Customer Batch: 367657

Customer Trans#: 26275451

State Fee: \$50.00

Payment Method: EFT

Account Id: 2007110

Payment Reference: 110752811

**Licenses/Lines of Authority**

License Class	Effective Date	Renew Date	Accepted	Comment Code	Comments
Adjuster	06/27/2016		Yes		
Lines of Authority					
Line of Authority	Effective Date	Renew Date	Accepted	Comment Code	Comments
Property	06/27/2016		Yes	999	Accepted - see License response for details
Casualty	06/27/2016		Yes	999	Accepted - see License response for details

**Intermediate Responses**

License Class	IR Sent	Action Req'd	Comment Code	Comments
Adjuster	Yes	No	77441	Applicant has requested a Non-Uniform Class or Line of Authority. This application has been deferred to OK DOI for final approval.
Adjuster	Yes	No	70398	Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th, Suite 100, Oklahoma City, OK 73112-4511; For assistance please access our webpage at <a href="http://www.oid.ok.gov">www.oid.ok.gov</a> and click on the LICENSE/EDUCATION tab for information regarding Oklahoma licensing.

Lines of Authority

No Intermediate Responses for Lines of Authority to display.

**Audit Information**

Date	Comments
06/27/2016 09:30:17	State Interface - User: OK407 - Transaction released

**Notes**

STAFF/COMPANY ADJUSTER. RENEWAL CHECK COMPLETE. NO RIRS. 6/27/16 BRB





Transaction#591915784

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**Tucker, Vanada Mae**

Trans. Type: NRR Adjuster with No Home State

NIPR Trans: 591915784

**Check I-SITE Listing**

Natl. Prod. #: 17291641

Date of Birth: [REDACTED]

Gender: F

License #: 100192811

License Class: Adjuster

Nationality: U.S.A.

**Applicant Info****Residence Address:**[REDACTED]  
U.S.A.**Business Address:**501 PENNSYLVANIA PARKWAY, SUITE 300  
INDIANAPOLIS, IN 46280

U.S.A.

**Mailing Address:**[REDACTED]  
U.S.A.**Applicant Info Cont.****Business E-mail Address:**

Vanada.Tucker@thehartford.com

**Individual Applicant E-mail Address:**

Vanada.Tucker@thehartford.com

**Residence Phone #:**

[REDACTED]

**Business Phone #:**

(877) 230-3084

**Background Questions**

1A: Have you been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor, which has not been previously reported to this insurance department? You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

No

1B: Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, which has not been previously reported to this insurance department? You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

No

1C: Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to this insurance department? If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

No

2: Have you been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned 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, or registration. "Involved" also means having a license, or registration, application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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 copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

No

3: Do you have a child support obligation in arrears, which has not been previously reported to this insurance department?

No

4: In response to a "yes" answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

NA

**Attestation**

- 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: Unless provided otherwise by law or regulation of the jurisdiction, 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 in arrears on this application.
- 5: I authorize the jurisdictions to which this application is made 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: I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).



2/19/2019

Transaction#591915784

Applicants Certification and Attestation: Yes

**Authorizing Officer**

Submitter: Authorized Submitter  
 Title: Licensing  
 Name: Cheryl Killingsworth  
 Company: The Hartford

Business Address: ONE HARTFORD PLAZA T7-LCT  
 HARTFORD, OK 06155  
 U.S.A.

Business E-mail Address: [cheryl.killingsworth@thehartford.com](mailto:cheryl.killingsworth@thehartford.com)  
 Business Phone #: (830) 224-6281

As the authorized submitter, I declare that the applicant provided all the information submitted on this application.

**Contact Information**

Name: VANADA TUCKER

Business E-mail Address: [Vanada.Tucker@thehartford.com](mailto:Vanada.Tucker@thehartford.com) Individual  
 Applicant E-mail Address: [cheryl.killingsworth@thehartford.com](mailto:cheryl.killingsworth@thehartford.com)

**Transaction Information**

State: OK  
 Date Sent: 06/19/2018  
 Source Application: My NIPR Licensing  
 Validation: Pass  
 Status: **Processed**  
 Customer: 83ERL  
 Customer Batch: MYNIPR24339512  
 Customer Trans#: 2

State Fee: \$50.00  
 Trans Fee: \$5.00  
 Payment Method: Credit Card

**Licenses/Lines of Authority**

License Class	Effective Date	Renew Date	Accepted	Comment Code	Comments
Adjuster	06/21/2018		Yes	101204	Designated Home State License Application.
Adjuster	06/21/2018		Yes	102730	Adjuster licensing is available in your business address state however, your application will be reviewed by Oklahoma Department of Insurance.
Adjuster	06/21/2018		Yes	102731	Adjuster licensing is available in your residence address state however, your application will be reviewed by Oklahoma Department of Insurance.
Lines of Authority					
Line of Authority	Effective Date	Renew Date	Accepted	Comment Code	Comments
Casualty	06/21/2018		Yes		
Property	06/21/2018		Yes		

**Intermediate Responses**

License Class	IR Sent	Action Req'd	Comment Code	Comments
Adjuster	Yes	No	102730	Adjuster licensing is available in your business address state however, your application will be reviewed by Oklahoma Department of Insurance.
Adjuster	Yes	No	102731	Adjuster licensing is available in your residence address state however, your application will be reviewed by Oklahoma Department of Insurance.
Lines of Authority				
No Intermediate Responses for Lines of Authority to display.				

**Audit Information**

Date	Comments
06/21/2018 09:47:54	Emailed completed transaction to <a href="mailto:Vanada.Tucker@thehartford.com">Vanada.Tucker@thehartford.com</a> , <a href="mailto:cheryl.killingsworth@thehartford.com">cheryl.killingsworth@thehartford.com</a>
06/19/2018 09:24:07	Emailed intermediate response to <a href="mailto:Vanada.Tucker@thehartford.com">Vanada.Tucker@thehartford.com</a> , <a href="mailto:cheryl.killingsworth@thehartford.com">cheryl.killingsworth@thehartford.com</a>



February 4, 2019

To Whom It May Concern:

This is my statement concerning the non-disclosure of my prior criminal record.

I would like to apologize for the misstatement that was made on my application for my adjuster's license. Please know that this was not an intentional act. The incident in question happened over 20 years ago when I was 19 and I truly had forgotten about it as I had put it behind me when the case was settled. I never had any issues over the years and have never been in any type of trouble with the law since.

I had decided to pay the state of Florida the penalty fee in the hopes of settling the matter. I choose not to appeal and have a hearing as I thought I would have to travel to Florida to attend the hearing.

Please accept my apologies and know that in the future I will answer the question concerning the disclosure of criminal history correctly and supply any information that may be required.

Thank you for your time and consideration of my statement.

Sincerely,

*Vanada Tucker*

Vanada Tucker