

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

FILED
DEC 21 2020
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. GLEN)
MULREADY, Insurance Commissioner,)
)
Petitioner,)
v.)
)
ALAN DAVID COLE)
a resident producer,)
)
)
Respondent.)

Case No. 20-0362-DIS

FINAL ADMINISTRATIVE ORDER

This matter is a disciplinary proceeding under the Oklahoma Producer Licensing Act, 36 O.S. §§ 1435.1 et seq. On November 12, 2020, a show cause hearing was held at the Oklahoma Insurance Department ("OID") on OID's *Notice of Hearing and Order to Show Cause* ("Notice"), filed September 2, 2020. The hearing was held at the offices of OID before Independent Hearing Examiner Charles Alden III. Present at the hearing were Antuanya "Bo" DeBose, Assistant General Counsel for OID, April Moore for OID's Anti-Fraud Division, and Respondent Alan David Cole ("Respondent") appeared pro se.

Witnesses were sworn and testified, exhibits were admitted, and argument of the parties heard.

FINDINGS OF FACT

1. OID has jurisdiction over the subject matter of this action pursuant to 36 O.S. §§101-7401, including the Oklahoma Producer Licensing Act, 36 O.S. §1435.1 et seq.
2. That the Insurance Commissioner has the authority to render an Order concerning the above styled matter and has lawfully appointed Independent Hearing Examiner, Charles Alden III, who shall sit as a quasi-judicial officer pursuant to 36 O.S. §319.

3. Respondent holds a resident producer license number 3000156473 and is licensed by the State of Oklahoma. Respondent's address of record is [REDACTED]

4. 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 36 O.S. 1435.13(A) and (D).

5. Petitioner afforded Respondent an opportunity for hearing by sending the *Notice* by certified mail return receipt requested and by first class U.S. mail on September 2, 2020 to Respondent. The *Notice*, filed on September 2, 2020, stated the matters asserted, and stated the time, place, and nature of the hearing, cited legal authority and jurisdiction, and referred to particular sections of the statutes involved.

6. The hearing was recorded electronically by an employee of the Oklahoma Insurance Department. Neither party requested a full stenographic record of the proceedings.

7. The following exhibits were introduced and admitted:

- a. Exhibit A: Combined Insurance's Field Compliance Investigation & Summary Report received by OID on December 14, 2018.
- b. Exhibit B: Combined Insurance Application listing Tina Woodson as the Insured.
- c. Exhibit C: Combined Insurance Termination letter for Alan Cole, received by OID on December 13, 2018.

8. The following witnesses were sworn and testified under oath:

- a. April Moore, Investigator with OID.

b. Alan David Cole, Respondent.

9. Combined Insurance Company ("Combined") terminated Respondent's appointment with their company for cause due to fraud. (See Exhibit C, along with Testimony of April Moore.)

10. OID received a complaint from Combined alleging Respondent submitted fraudulent policies and received sales commissions, along with bonuses based on those policies. Investigator April Moore ("Investigator Moore") of the Anti-Fraud Unit was assigned to the case. (See Testimony of April Moore)

11. Combined assigned Bridget Daley ("Daley") to the matter and initiated an investigation after notification was received that most of the policies submitted by Respondent lapsed due to non-payment. (See Exhibit A and Testimony of April Moore).

12. The existence of twenty-eight (28) of the Respondent's policy holders could not be verified. A review of the policies submitted to Combined by the Respondent revealed all the customers' phone numbers were invalid. Daley conducted a test on Respondent's customer payment methods and found the billing associated with the accounts returned as insufficient funds or no account. Respondent earned \$14,042.42 in commissions based on these policies. Respondent earned a total of \$5,150 in bonuses related to personal and fraudulent policies. (See Exhibit A and Testimony of April Moore).

13. Respondent's account with Combined is in a -\$9,107.77 debit, the majority of which is due to the submission of fraudulent applications. (See Exhibit A and Testimony of April Moore).

14. Consumer Tina Woodson informed Investigator Moore that she did not apply for a policy with Combined and never met the Respondent. A policy application for Tina

Woodson, listing Respondent as the Producer, was sent to OID as part of Combined's investigative report. (See *Exhibit A*, *Exhibit B*, and *Testimony of April Moore*).

15. Respondent admitted he 'made up' some of the policy holders he submitted to Combined. (See *Testimony of Alan David Cole*).

CONCLUSIONS OF LAW

16. That OID has jurisdiction over this matter and Respondent pursuant to 36 O.S. 1435.1 et seq.

17. That Respondent is licensed by OID as a resident producer pursuant to 36 O.S. §1435.1 et seq.

18. That Respondent was provided adequate notice and a hearing pertaining to the Notice, in accordance with the Oklahoma Insurance Code and Oklahoma Administrative Procedures Act.

19. Based upon the provided findings of fact there is clear and convincing evidence to find that Respondent violated the following:

a. 36 O.S. §1435.13(A)(8), using fraudulent practices and demonstrating untrustworthiness by submitting twenty-eight (28) fictitious insurance policies to Combined Insurance Company on behalf of consumers who either did not exist or did not apply for insurance. Respondent knew these policies were fraudulent at the time he submitted them to Combined. Respondent submitted these fraudulent policies for the purpose of receiving \$14,042.42 in commissions and \$5,150.00 in bonuses.

20. Pursuant to the provisions of 36 O.S. §1435.13, the Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued

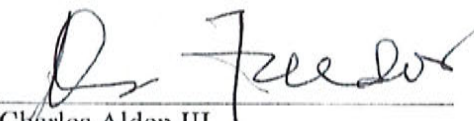
pursuant to the Oklahoma Producer Licensing Act or may levy a civil penalty of not less than one hundred dollars (\$100.00) nor more than one thousand dollars (\$1,000.00) for each occurrence. Said penalty may be enforced in the same manner in which civil judgements may be enforced.


ORDER

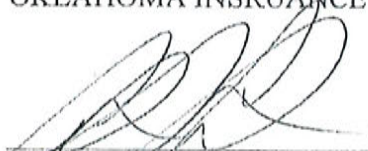
IT IS THEREFORE ORDERED that Respondent Alan David Cole's resident producer license number 3000156473 is hereby revoked. The Insurance Commissioner shall notify all appointing insurers of the revocation and shall notify the Central Office of the National Association of Insurance Commissioners of Respondent's revocation.

Dated this 2 day of ^{December}~~November~~ 2020.




Charles Alden III
INDEPENDENT HEARING EXAMINER
OKLAHOMA INSURANCE DEPARTMENT


Antuanya "Bo" DeBose
ASSITANT GENERAL COUNSEL
OKLAHOMA INSURANCE DEPARTMENT


Alan David Cole
RESPONDENT

CERTIFICATE OF MAILING

I, Antuanya "Bo" DeBose, hereby certify that a true and correct copy of the above and foregoing Final Administrative Order was mailed by first class U.S. Mail and by certified mail with postage prepaid and return receipt requested on this 21st day of December, 2020 to:

Alan David Cole



CERTIFIED MAIL NO:
9214 8902 0982 7500 0330 20

and that a copy was delivered to:

Licensing Division

A handwritten signature in blue ink, appearing to read "A. DeBose".

Antuanya "Bo" DeBose

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OKLAHOMA
INSURANCE DEPARTMENT
Field Compliance Investigation & Summary Report

Agent Name/Code	Alan Cole (BIXN)	MD/Div	Izze/Div36
Date:	12/11/2018	Field Compliance Investigator	B Daley
Source:	Gross Compensation Review		

Violation Type: Fraud, Obstruction

Final Decision (attach copies of warning, documented discussion, etc...if zero tolerance send back-up to licensing):

Termination for Cause

Summary of Investigation:

Field Compliance and Investigations (FCI) reviewed Agent Cole's production and found that the majority of policies submitted had gone down for non-payment on the initial payment. When attempting to contact the customers, FCI found that all of the phone numbers were invalid. FCI also tried to verify customer information through Lexis and could not confirm any information.

FCI was contacted by RD Rick Izze who had also made spot check phone calls on Agent Cole's production and found that none of the phone numbers worked. FCI, RD Izze and SC Kyle Taylor discussed that Agent Cole needed to come into the office for an interview regarding these sales. SC Taylor advised that he reached out to Agent Cole and was advised he had a family member who was sick. SC Taylor continued to follow up with Agent Cole; however he became non-responsive. FCI mailed Agent Cole an interview request letter dated November 1, 2018 via certified return receipt mail. On November 2, 2018 FCI was able to reach Agent Cole who advised he was not aware of an official interview being requested. FCI advised that a recorded interview was needed to discuss his production. Agent Cole advised he was out of town for a funeral and that he would be available the following week to go to the office for the interview. Agent Cole advised his manager Kyle Taylor was aware he was out of town and that he had been in communication with him this whole time. FCI asked Agent Cole to forward his text conversation with SC Taylor.

FCI followed up with Agent Cole via phone call and via text on November 8, 2018 requesting a response; no response was received. FCI did not receive any additional information from Agent Cole.

The Company received a Consumer Complaint from one of Agent Cole's customers advising she had received a bill in the mail for a policy for which she did not apply. The customer (Tina Woodson, V0624350) was not familiar with Agent Cole and advised that the dependent listed on the application was not the correct name for her daughter.

Agent Cole's total APV for the year was \$22,463.46, of that \$19,330.97 (86%) has charged back to his account. Agent Cole's account is in a -\$9,107.77 debit, the majority of which is due to the submission of fraudulent applications.

EXHIBIT

A

FCI identified 28 policy holders whose existence could not be verified with billing that was returned (NSF/No Account). Agent Cole earned \$14,042.43 in commissions based on these policies.

Agent Cole earned a total of \$5,150 in bonuses related to personal and fraudulent policies.

Given the overwhelming evidence of fraudulent applications, no other decision than termination for cause would be appropriate for violations of the Zero Tolerance policy as it relates to Fraud and Business Conduct Rule 15, Obstruction.

"Fraud, Withholding material information or submitting, providing or causing to be submitted any materially false information to the company or on any company document in circumstances where a reasonable person would conclude that it was done knowingly. Submitting a fraudulent application (any application with material false or misleading information) is a clear example of fraud."

"15. Obstruction - lying, omitting material facts or giving false or misleading information to any company representative who is investigating a possible violation of the Zero Tolerance Policy. Business Conduct Rules, ACE Code of Conduct or any other policy or procedure including, but not limited to, the materials contained in the Commissioned Employee Handbook. Obstruction also includes failing to cooperate with any investigation or encouraging others not to cooperate with an investigation."

Interview Summary (include participants, location, dates, details):

FCI was unable to reach the agent for a formal interview.

Investigation Details (attach all supporting back-up):

William Johnson (V0642125) fam ASP choice written 9/29/18

- [REDACTED] DOB [REDACTED]
- 10/5 left voicemail
- Lexis: could not locate using name and address, address exists in Oklahoma city not linked to applicant or agent
- Billing Arvest Bank...1436 ---terminated - no account

Allen Cole (V0639609) single parent ASP choice, (V0639616) SPP employment as postal service written 9/28/18 both declined for multiple lapses

Derek Freeman (V0638779) fam ASP choice written 9/28/18

- [REDACTED] DOB [REDACTED]
- 10/5 called line was unavailable, no vmail
- Lexis: could not locate using name and address. Address exists
- Billing BOFI...6201 terminated-no account

Decharles Hayes (V0638773) indiv ASP choice, (7GC42316) written 9/28/18

- [REDACTED] DOB [REDACTED]
- 10/5 called, line is a recording for debt collection agency
- Lexis: located a Decharles Hayes with poss DOB [REDACTED] or [REDACTED], no link to the address on the application, address exists
- Billing Bank of the West...5300 - terminated no account

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Lavell Crump (V0637070) fam ASP choice written 9/26/18

- [REDACTED] DOB [REDACTED]
- 10/5 called, line was for a business on wait time
- Lexis: could not locate using name and address, address exists
- Billing Chase Bank...8852 - terminated no account

Thomas Bruner (V0637065) fam ASP choice written 9/22/18

- [REDACTED] DOB [REDACTED]
- 10/5 called, male answered advising no Thomas at this number
- Lexis: could not locate using name and address, address exists
- Billing Metabank...9384 terminated no account

Chrystal Martin (V0633966) single parent ASP choice (7GC42315) written 9/21/18

- [REDACTED] DOB [REDACTED]
- 10/5 called, line not in service
- Lexis: located a Chrystal Martin DOB [REDACTED], no link to agent. No link to address on app
- Billing Bank of America...3790 terminated no account

Melvin Rucker (V0633963) couples AP choice written 9/15/18

- [REDACTED] DOB [REDACTED]
- 10/5 tried numerous times, line always had busy signal
- Lexis: could not locate using name and address, address exists
- Billing Metabank...9370 terminated insufficient funds

Stephen Cooper (V0633796) single parent ASP choice written 9/14/18

- [REDACTED] DOB [REDACTED]
- 10/5 left voicemail for call back
- Lexis: could not locate using name and address, address exists linked to Campbell
- Bank of America...0957, terminated

George Tucker (V0631634) couples ASP choice written 9/14/18

- [REDACTED] DOB [REDACTED]
- 10/5 called, line rang twice then went to no service signal
- Lexis: could not locate using name and address, address exists
- Billing first fidelity...1538- terminated

Darshel Davis (V0631633) fam ASP choice written 9/12/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, line not in service
- Came back as no account at initial billing
- Lexis: could not locate using name and address, address exists
- Billing BOFI...4264, terminated no account

Thomas Edwards (V0607740) fam ASP choice written 8/24/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, line not in service
- Lexis: could not locate using name and address, address exists

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- Billing Bank of America...3476, terminated

Doug Redus (V0631630) fam ASP choice written 8/25/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, invalid phone number
- Lexis: could not locate using name and address, address exists
- Billing BOFI...5480, terminated

Rosa Ortiz (V0631629) fam ASP choice written 8/25/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, line not in service
- Lexis: could not locate using name and address, address does not exist
- Billing BOFI...4198, terminated

Alan Cole (7GC42310) - written 8/26/18 - insufficient funds

- [REDACTED] DOB [REDACTED]
- Billing Metabank...4955, terminated

Jeremy Spencer (V0629642) fam ASP choice written 8/25/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, line disconnected
- Lexis: could not locate using name and address, address exists
- Billing First Fidelity...0278, terminated

Christian Fuller (V0629643) fam ASP choice

- [REDACTED] DOB [REDACTED]
- 10/11 invalid phone number
- Lexis: could not locate using name and address, address exists
- Billing Tinker FCU...1548

Malaysia Moore (V0629641) indv ASP choice written 8/11/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, wrong number
- Lexis: could not locate using name and address, address exists
- Billing Bank of America...0008, terminated no account

Maijaika Moore (V0629640) fam ASP choice written 8/11/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, wrong number
- Lexis: could not locate using name and address, address exists
- Billing Bank of America...0008, terminated no account

Wendi Mason (7GC42312) written 8/12/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, left message
- Lexis: could not locate using name and address, address exists
- Billing Green Dot...8225, terminated no account

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Tina Woodson—complaint (V0624350) single parent ASP choice written 8/10/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, invalid phone number
- Lexis: could not locate using name and address, address does not exist per lexis
- Billing Arvest Bank...1478, terminated no account

Brian Campbell (V0623029) single parent ASP choice written 8/10/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, line not in service
- Lexis: could not locate using name and address, address does not exist per lexis
- Billing Metabank...1143, terminated no account

Jason Campbell (V0624351) fam ASP choice written 8/10/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, line not valid
- Lexis: could not locate using name and address, address does not exist per lexis
- Billing Metabank...1134, terminated no account

Andre Stubbs (V0623028) couples ASP choice written 8/4/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, wrong number
- Lexis: located Andre Stubbs [REDACTED] at [REDACTED]—line goes to fax tone. Spouse on app is Jessilyn- 1st potential relative on lexis is same. Alt number on lexis [REDACTED] went to voicemail for Mark. No apparent link to agent
- Billing Green Dot...8211, terminated insufficient funds

Kelli Webb (V0621178) single parent ASP choice written 8/3/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, line disconnected
- Lexis: could not locate using name and address, address does not exist per lexis
- Bank of America...1468, terminated no account

Vonsin Faniyi (V0621177) indv ASP choice written 8/1/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, line cannot accept calls at this time
- Lexis: search using last name comes back with Awander Faniyi Cole DOB [REDACTED] linked to agent and other applicants by that last name
- Billing BOFI...4198, terminated no account

Wanda Faniyi (7GC42311) written 8/1/18

- [REDACTED] DOB [REDACTED]
- 10/11 Rick Izze team called, line cannot accept calls at this time
- Lexis: search using last name comes back with Awander Faniyi Cole DOB [REDACTED] linked to agent and other applicants by that last name
- Billing BOFI...4198, terminated no account

Personal Production

Allen Cole (V0639609) single parent ASP choice, (V0639616) SPP written 9/28/18

- both declined for multiple lapses
- [REDACTED] DOB [REDACTED]
- SPP app lists occupation as Postal Service/Mail Sorter
- Billing Meta Bank ...4955---declined by Underwriting for multiple lapses

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Alan Cole (7GC42310)- written 8/26/18 - insufficient funds

- [REDACTED] DOB [REDACTED]
- Billing Metabank...4955, terminated

Alan Cole (V0560088) Critical Care 50k, (7GC42309) WL, (V0560087) single parent ASP choice written 7/4/18---insufficient funds

- [REDACTED]
- All billing Meta Bank ...4955, terminated insufficient funds

Alan Cole (V0574610) SPP written 7/11/18---insufficient funds

- [REDACTED] DOB [REDACTED]
- Occupation as Insurance sales agent
- Billing meta bank ...4955, terminated insufficient funds

Consumer Complaint Summary from CSI:

On August 10, 2018, an Accident and Sickness Protector application was completed for a Tina Woodson. She recently contacted our call center because she had received a premium notice/letter for the policy. She said she never applied for a policy. The call center representative asked her if she knew agent Alan Cole. She said she never heard of him. When the representative told her the name of the dependent daughter on record, Ms. Woodson stated that was not her daughter's name.

I called her from CSI on October 3, 2018. I assured her that the only information we had on her was the information that was public record. I also told her that in cases where we do not have a bank account or credit card number for a customer, a premium notice (or letter) will be sent. I said that she received a premium notice because we did not have a valid number to charge each month.

Finally, I asked her if she knew the agent's immediate manager, Kyle Taylor. She said she never heard of him.

While our internal Agent Commission Control sheet shows that Mr. Cole and his immediate manager Mr. Taylor would benefit from the sale in terms of commission, we have only logged a complaint on Mr. Cole's record at this time as he is the writing agent on record.

V 0 6 2 4 3 5 0

APPLICATION NUMBER
V 0 6 2 4 3 5 0

5 0 0 2

2

Section 3 - UNDERWRITING INFORMATION (Required for Income Protector and Critical Care Protector only)

INSURED'S HEIGHT	INSURED'S WEIGHT	INSURED'S DRIVER'S LICENSE	STATE
<input type="checkbox"/> FT. <input type="checkbox"/> IN.	<input type="checkbox"/> LB.	<input type="checkbox"/>	<input type="checkbox"/>

Insured

Yes No

1. Has the insured received any medical ADVICE or TREATMENT from a member of the medical profession, or taken any prescription MEDICINE within the past 5 years for:
 - a. Angina, stroke, heart attack, atrial fibrillation, congestive heart failure, or a heart valve replacement?
 - b. Liver or kidney disorder, cirrhosis of the liver, or organ transplant?
 - c. Cancer, melanoma, brain tumor, Hodgkin's disease or leukemia?
 - d. Alzheimer's disease, dementia, Parkinson's disease, Multiple Sclerosis?
 - e. Chronic obstructive lung/pulmonary disease, emphysema or other lung disease requiring oxygen?
 - f. Manic depression, schizophrenia, alcoholism or drug addiction?
2. Is the insured listed on this application for insurance as an insulin dependent diabetic?
3. Has the insured listed been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) or tested positive for HIV (Human Immunodeficiency Virus)?
4. Has the insured been convicted of reckless driving or driving under the influence of alcohol within the past 5 years?
5. Is the insured currently on Disability? (excluding Military Disability)
If any of the above questions are answered "Yes", the insured is not eligible for coverage.
6. Has the insured applied for or received Disability Benefits (including that from workers' compensation, Social Security or Military Disability) within the last 12 months?
7. Is the insured listed on the application for insurance as a non-insulin dependent diabetic taking oral medication and/or treated by diet? (A "Yes" answer when applying for Income Protector disqualifies applicant.)
8. In the past 12 months, has a member of the medical profession diagnosed you with or treated you for an injury, disease or disorder of the back, neck, spine, or joint?
9. Have 2 or more of the insured's parents, brothers or sisters been diagnosed with heart disease, cancer, or any malignant growths while they were under the age of 60?
10. Within the past 5 years have you had any medical advice, diagnostic tests or treatment from a member of the medical profession or taken any prescription medications for any other medical condition(s) not listed above, excluding flu, colds and routine physicals? (If "Yes" is answered to questions 5, 7, 8, 9 or 10, explain below.) In any case, please provide information on your physician.

Based on your answers to the above health questions and/or evaluation of your application, an exclusionary rider for specific medical conditions and avocational activities may be added to your Income Protector policy.

Health Condition	Medication/Dosage	Treatment?	Surgery?	Dates	Physician(s) Name, Address (Street, City, State, Zip) & Phone
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Form No. 164016-OK-316

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2 of 4 APPLICATION FOR ACCIDENT AND HEALTH INSURANCE
AGENT LICENSING

DEC 14 2018

OKLAHOMA
INSURANCE DEPARTMENT



APPLICATION NUMBER
V 0 6 2 4 3 5 0

5 0 0 3

800310/K0110

Section 4 - PLAN SELECTION

☐ Accident Protector

FORM NUMBER

1 4 0 2 7

PLAN CODE

A S P

☐ Individual

☐ Standard

☐ Individual/Spouse

☒ Choice

☒ Single Parent

☐ Family

☒ Accident & Sickness Protector

If applying for Accident/Sickness, the following qualifying question must be answered:

Qualification Question - Read Carefully: To the best of your knowledge and belief, have you or any eligible dependent listed below had any advice or treatment for cancer, diabetes, stroke, heart attack, or other heart condition within the last five (5) years?

Insured: ☐ Yes ☒ No

Spouse: ☐ Yes ☐ No

Children: (Answer for each eligible child below)

☐ Cancer Care Protector

FORM NUMBER

1 6 0 7 5

PLAN CODE

C A P

☐ Individual Plan

☐ Standard

☐ Family Plan

☐ Choice

Qualification Question - Read Carefully: To the best of your knowledge and belief, have you or any eligible dependent listed below had any advice or treatment for cancer, or skin cancer within the last ten (10) years?

Insured: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Children: (Answer for each eligible child below)

☐ Critical Care Protector

FORM NUMBER

1 6 5 2 1

PLAN CODE

C C P

AMOUNT OF INSURANCE

\$ 100,000

Paid Up Rider

☐ YES

☐ NO

20 Years

Has the Insured used tobacco products in any form in the last 12 months?

Insured: ☐ YES ☐ NO

☐ Income Protector

FORM NUMBER

1 9 8 1 9

PLAN CODE

D I I

Monthly Benefit

\$ 100,000

Benefit Period

06 months

01 year

02 years

Elimination Period

☐ 14

☐ 30

☐ 90 days

Occupation Class

☐

Section 5 - PREMIUM & BILLING INFORMATION (Required for all products.)

RENEWAL MODE

☐ ☒ ☐ ☐

ANNU. MD. CO. LB

TOTAL MONTHLY PREMIUM \$ 107.25

Section 6 - DEPENDENT INFORMATION

(Required if applying for Dependent Coverage Accident & Sickness, Cancer Care Protector)

☐ Male

☐ Female

SPOUSE'S FIRST NAME

MIDDLE INITIAL

LAST NAME

1 9 8 1 9

1 9 8 1 9

SPOUSE'S DATE OF BIRTH

1 9 8 1 9

Child's Name (First Initial Last)

Birthdate: Mo/Day/Yr

Qualification Question

Child's Name (First Initial Last)

Birthdate: Mo/Day/Yr

Qualification Question

See Accident Form

1 9 8 1 9

Y N

1 9 8 1 9

1 9 8 1 9

Y N

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Y N

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AGENT LICENSING

APPLICATION FOR ACCIDENT AND HEALTH INSURANCE

DEC 14 2018

OKLAHOMA

INSURANCE DEPARTMENT



APPLICATION NUMBER

5004

V0624350

6001164016

Section 7 - DECLARATIONS - This section must be read, signed, and dated by Insured:**PLEASE READ CAREFULLY**

It is very important that you review this application carefully. Misstatements or omissions whether made in writing or orally for any portion(s) of the application that are completed through use of telephone or other electronic means, could cause an otherwise valid claim to be denied. Please check the application carefully and advise your agent/producer if any information is not correct or not complete or if any medical history has not been included. I understand that any insurance applied for will not take effect unless and until Combined Insurance Company of America approves my application, the contract is issued, and the required premium is received by Combined Insurance Company of America.

In applying for this coverage, I represent and affirm the following:

1. The information which I have given as recorded on this Application including income verification is true and complete to the best of my knowledge and belief.
2. I have received the Medical Information Bureau (MIB) Disclosure Statement, the notice under the Fair Credit Reporting Act, Notice of Information Practices, and (if applicable) Outline of Coverage.
3. If applying for an Accident Only policy, I understand that the policy does not provide benefits for loss from sickness.
4. If applying for Critical Care Protector, I understand that the policy: 1) is NOT major medical and NOT meant to replace medical expense insurance; and 2) is NOT life insurance.
5. If applying for the Cancer Care Protector Policy, I understand that the policy is cancer only and does not pay benefits for loss from any other sickness or from accidents. FOR PERSONS ELIGIBLE FOR MEDICARE: I acknowledge receipt of the "Guide to Health Insurance" and duplication notice.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau, Inc. (MIB) or consumer reporting agency or through a personal telephone interview to release to Combined Insurance Company of America any information regarding the insured, or past or present health of the insured for the purpose of evaluating this application for insurance. I also authorize Combined Insurance Company of America or its reinsurers to disclose all such information to any doctor, the Medical Information Bureau, Inc. or any other insurance company in order to evaluate a claim or an application for insurance. This authorization shall remain valid for a period of two years from the date of application. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to the Company.

You may revoke this authorization anytime by writing Combined Insurance; however, such revocation may affect coverage.

Failure to sign this authorization may impact the ability of Combined Insurance to evaluate or process this application and may be a basis for denying this application.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

If applying for Accident and Sickness Protector, please complete the attestation below. If the Insured checks "No," policy will not be issued.

I hereby attest that I currently have other health coverage such as comprehensive hospital, surgical and/or medical health insurance that qualifies as "minimum essential coverage" in force.

☐ Yes ☐ No

Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

I authorize Combined Insurance to show my name as a policyholder to prospective insurers. ☒ YES ☐ NO

X

Timothy Williams
Signature of Insured

Date of Application: 08 10 2018

City (where signed):

OKlahoma City

State: OK

I, the authorized agent/producer, have on the Date of Application recorded the information as given to me. I have delivered the Notice of Information Practices; and where applicable, the Outline of Coverage. I have no knowledge of any unfavorable medical history not recorded on this Application. I certify that I have inspected this application for completeness and according to our field underwriting guidelines it may be submitted to the Home Office for further underwriting review.

Licensed

Agent/Producer

Alan Cole

(print)

Agent's/Producer's
Signature

Alan Cole

B I X N

Date

08 10 2018

Agent's/Producer's
Cell Phone Number

Form No. 164016-OK-318

4 of 4

RECEIVED BY
AGENT FOR ACCIDENT AND HEALTH INSURANCE
AGENCY LICENSING

DEC 14 2018

OKLAHOMA
INSURANCE DEPARTMENT

COMBINED INSURANCE COMPANY OF AMERICA
111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601
www.combinedinsurance.com

Additional Dependent Overflow

Application Number **V 0 6 2 4 3 5 0**

Principal Insured

Tina Woodson

Child's name (First, Middle, Initial, Last)	Date of Birth	Age	Qualification Question	
			Yes	No
Keisha Woodson	08 / 08 / 2012	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	/ /		<input type="checkbox"/>	<input type="checkbox"/>
	/ /		<input type="checkbox"/>	<input type="checkbox"/>
	/ /		<input type="checkbox"/>	<input type="checkbox"/>
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	/ /		<input type="checkbox"/>	<input type="checkbox"/>

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DEC 14 2018

Form No. 800103

OKLAHOMA
INSURANCE DEPARTMENT

Payment Authorization Form
Recurring Bank Account/Credit Card

INSURED	POLICY NUMBER	TYPE	AMOUNT
Tina Woodson	V0024350	Ident & Sickness Protec	\$107.25
Total renewal premium billing			\$107.25

Payor same as insured?

☒ YES ☐ NO

☐ BANK ACCOUNT CHANGE

☐ CREDIT CARD CHANGE

☐ REINSTATEMENT

Payment Method: ☒ Checking ☐ Savings ☐ Credit Card ☐ EFT/Direct Debit Preferred Billing Date (1-28 only)

Name of Financial Institution: Arvest Bank City: Lowell State: AR

BANK ROUTING NUMBER

082900872

BANK ACCOUNT NUMBER

00000000000000000000

CREDIT/DEBIT ACCOUNT NUMBER

00000000000000000000

AUTHORIZATION CODE

0000000000

CARD TYPE

☐ VISA ☐ MC

EXPIRATION DATE

MONTH YEAR

WORK FIRST NAME

Tina

ADDRESS INITIAL

LAST NAME

Woodson

PAYOR ADDRESS

[REDACTED]

PAYOR PHONE NUMBER

☐ MOBILE ☒ LANDLINE

404 404 404 404

PAYOR CITY

Oklahoma City

STATE

OK

ZIP CODE

73120

AUTHORIZATION FOR ELECTRONIC DEBIT: I hereby authorize Combined Insurance Company of America ("Combined Insurance"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my checking, savings or credit card account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined Insurance and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined Insurance and Depository a reasonable opportunity to act on it.

I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule.

I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are delinquent, the policy(ies) will terminate. Life policies may have non-forfeiture benefits.

X Tina Woodson
 Signature of Payer

Date: 08 10 2018

EMAIL

[REDACTED]

Signature must be the same as on file at the bank/financial institution

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AGENT LICENSING

Form No. PAF-R

B/W

DEC 14 2018

OKLAHOMA
 INSURANCE DEPARTMENT



December 11, 2018

Oklahoma Insurance Department
Five Corporate Plaza
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73127

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

DEC 18 2018

Re: Termination for Cause – Alan Cole (License # 3000156473)

To Whom It May Concern:

Please be advised that Alan Cole's (SSN: xxx-xx-xxxx) employment with Combined Insurance Company of America (62146) was terminated for cause due to fraud.

Enclosed please find a copy of the investigation file which led to this decision as well as copies of the applications in questions.

If you should require any additional information or have any further questions regarding this matter, I can be contacted directly by phone (312) 351-8197, fax (312) 351-6905 or email andrew.wong@combined.com.

Very truly yours;

Andrew Wong
Licensing Specialist
Combined Insurance

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AGENT LICENSING

DEC 14 2018

OKLAHOMA
INSURANCE DEPARTMENT



SUPPLEMENTAL INSURANCE

Health

Accident

Disability

Life