

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

AUG 07 2008

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. KIM )  
HOLLAND, Insurance Commissioner, )  
 )  
Petitioner )  
v. )  
 )  
LINDSAY BIRCH, a licensed Oklahoma )  
Insurance Producer, )  
 )  
Respondent. )

Case No. 08-1018-DIS

**ADMINISTRATIVE ORDER**

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

**JURISDICTION AND AUTHORITY**

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. Respondent is licensed by the State of Oklahoma as a resident insurance producer holding license number 124090. Respondent's address of record is 1820 Churchill Way, Oklahoma City, OK 73120-1137.

**FINDINGS OF FACT**

1. The Oklahoma Insurance Department mailed information to Lindsay Birch's address of record: 1820 Churchill Way, Oklahoma City, OK 73120-1137.
2. The information sent to Lindsay Birch's address of record was returned to sender on July 7, 2008 because the forwarding time expired (Exhibit "A").

3. *Licensees shall inform the Insurance Commissioner by any means acceptable to the Insurance Commissioner of a change of address within thirty (30) days of the change. Failure to timely inform the Insurance Commissioner of a change in legal name or address shall result in penalty pursuant to Section 1435.13. 36 O.S. § 1435.8(F).*

#### **CONCLUSIONS OF LAW**

1. Respondent has violated 36 O.S. § 1435.8 by failing to inform the Insurance Commissioner of her change of address within thirty (30) days of the change.
2. Failure to timely inform the Insurance Commissioner of a change of address shall result in penalty pursuant to 36 O.S. § 1435.13.

#### **ORDER**

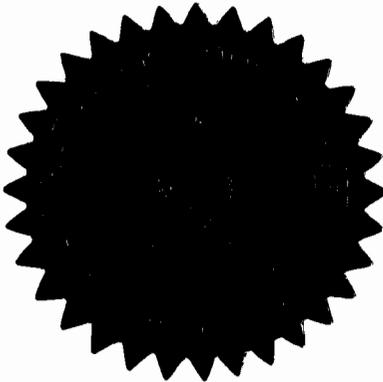
**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 1435.8 and 36 O.S. § 1435.13 and therefore **Respondent is FINED in the amount of ONE HUNDRED DOLLARS (\$100.00) payable within thirty (30) days of the date of mailing. Failure to pay Fine will result in Respondent's producer license being non-renewed.**

**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 of this Order. Such request for hearing, if desired, shall be made in writing, addressed to Julie

Delluomo, Oklahoma Insurance Department, Legal Division, Post Office Box 53408, Oklahoma City, Oklahoma 73152-3408 and must be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on any such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 et seq.

**Questions concerning this Administrative Order should be directed to the Agents Licensing Division (405) 521-3916.**

WITNESS My Hand and Official Seal this 17<sup>th</sup> day of August, 2008.



KIM HOLLAND  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Julie Delluomo". The signature is written in a cursive, flowing style.

JULIE DELLUOMO  
Assistant General Counsel  
P.O. Box 53408  
Oklahoma City, Oklahoma 73152-3408  
(405) 521-2746

**CERTIFICATE OF MAILING**

I, Julie Delluomo, hereby certify that a true and correct copy of the above and foregoing Administrative Order was mailed via certified mail with postage prepaid and return receipt requested on this 2<sup>nd</sup> day of August 2008, to:

Lindsay Birch  
16304 Big Cypress Dr.  
Edmond, OK 73013-1280

**CERTIFIED MAIL NO. 7001 0320 0004 0178 9336**

and that a copy was delivered to:

Agents Licensing Division

  
\_\_\_\_\_  
Julie Delluomo



**KIM HOLLAND**  
**Insurance Commissioner**  
 Oklahoma Insurance Department  
 P.O. Box 53408  
 Oklahoma City, OK 73152-3408

PRESORTED FIRST CLASS  
 U.S. POSTAGE  
 PAID  
 OKLAHOMA CITY, OK  
 PERMIT NO. 317

#12496

Oklahoma Insurance Department

**RECEIVED**

JUL 07 2008

Consumer Assistance Division

AUTO-3-DIGIT 731

LINDSAY BIRCH  
 1820 CHURCHILL WAY  
 OKLAHOMA CITY OK 73120-1137

3  
 823



FORWARD X 731 NFE 1 6071 00 07/03/08  
 TIME EXP RTN TO SEND  
 BIRCH, LINDSAY R  
 16304 BIG CYPRESS DR  
 EDMOND OK 73013-1260

RETURN TO SENDER

7315203408

