FILED

OCT 17 2008

INSURANCE COMMISSIONER
OKLAHOMA

BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. KIM HOLLAND, Insurance Commissioner,	)	
Petitioner	)	
v.	)	**Case No. 08-1484-DIS**
VALERIE ROBERTS, a licensed Non-resident Insurance Producer,	)	
Respondent.	)	

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 non-resident insurance producer holding license number 67059. Respondent's address of record is 3017 River Chase Drive, #J, Mt. Holly, North Carolina 28120.

FINDINGS OF FACT

1. The Oklahoma Insurance Department mailed information to Valerie Robert's address of record: 3017 River Chase Drive, #J, Mt. Holly, North Carolina 28120.

2. The information sent to Valerie Robert's address of record was returned to sender on August 18, 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.**

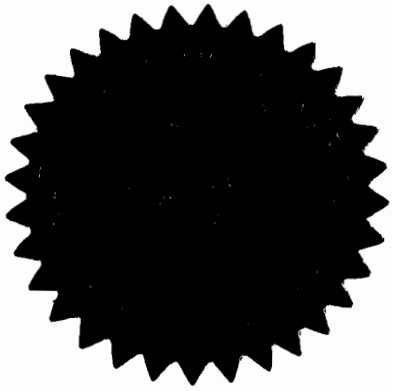
IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties 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 15th day of October, 2008.

KIM HOLLAND
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Julie Delluomo

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 7th day of October 2008, to:

Valerie Roberts
12313 Walden Lea Dr.
Huntersville, NC 28079

CERTIFIED MAIL NO. 7006 0810 0002 6163 6064

and that a copy was delivered to:

Agents Licensing Division

Julie Delluomo

Julie Delluomo

EXHIBIT
A

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

STATE OF OKLAHOMA
OFFICIAL MAIL
PRIVATE USE ILLEGAL
See Oklahoma First

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FIRST CLASS

Master

$00.346
US POSTAGE

RECEIVED
OKLAHOMA INSURANCE DEPT

AUG 1 8 2008

Agent Licensing Division

10-3

OK License Number 67059
VALERIE A ROBERTS
3017 RIVER CHASE DR #J
MT HOLLY NC 28120

X 282 NBE 1 407C 08 08/12/08
FORWARD TIME EXP RTN TO SEND
ROBERTS'VALERIE A
12313 WALDEN LEA DR
HUNTERSVILLE NC 28078-2235

RETURN TO SENDER

G-OMR31 28120
73152@3408