

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

OCT 17 2008

STATE OF OKLAHOMA, ex rel. KIM )  
HOLLAND, Insurance Commissioner, )  
 )  
Petitioner )  
v. )  
 )  
STEVEN WAYNE CHAPMAN, a licensed )  
non-resident Insurance Producer, )  
 )  
Respondent. )

INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 08-1492-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 non-resident insurance producer holding license number 59311. Respondent's address of record is 17374 N. 89<sup>th</sup> Ave., #1603, Peoria. AZ 85382.

**FINDINGS OF FACT**

1. The Oklahoma Insurance Department mailed information to Steven Wayne Chapman's address of record: 17374 N. 89<sup>th</sup> Ave., #1603, Peoria. AZ 85382.
2. The information sent to Steven Wayne Chapman's address of record was returned to sender on August 14, 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 his 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.**

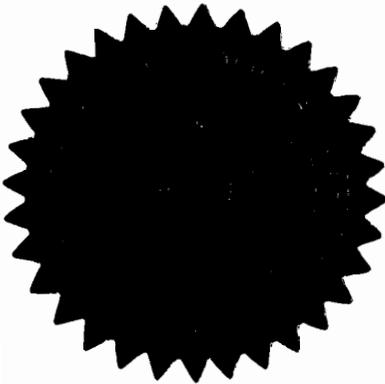
**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties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

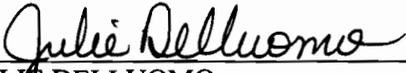
Oklahoma City, Oklahoma 73152-3408 and must be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on any such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., and the Oklahoma Administrative Procedures 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 October, 2008.

KIM HOLLAND  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA



  
\_\_\_\_\_  
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 17<sup>th</sup> day of October 2008, to:

Steven Wayne Chapman  
13534 W Port Royale Lane  
Surprise, AZ 85379

**CERTIFIED MAIL NO. 7006 0810 0002 6163 6200**

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

OK License Number 59311  
STEVEN WAYNE CHAPMAN  
17374 N 89TH AVE #1603  
PEORIA AZ 85382

STATE OF OKLAHOMA  
OFFICIAL MAIL  
PRIVATE USE LEGAL  
FIRST CLASS PERMIT NO. 724 OKLAHOMA CITY, OKLAHOMA

PRESORTED  
FIRST CLASS



OKLAHOMA INSURANCE DEPT.  
US POSTAGE  
\$00.346  
OKLAHOMA CITY, OK 73108

AUG 14 2008

Agent Clearing Division

FORWARD TIME EXP RTN TO SEND  
CHAPMAN STEVEN  
19534 W PORT ROYALE LN  
SURPRISE AZ 85379-6965

RETURN TO SENDER

10-31-2008

Typ  
PC  
LAW

EXP. 301 88888888

