

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

OCT 23 2008

STATE OF OKLAHOMA, ex rel. KIM
HOLLAND, Insurance Commissioner,

Petitioner

v.

KIM ROBERT HANKINS, a licensed
Resident Insurance Producer,

Respondent.

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 08-1507-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 95450. Respondent's address of record is 6323 Anderson Drive, Oklahoma City, OK 73149.

FINDINGS OF FACT

1. The Oklahoma Insurance Department mailed information to Kim Robert Hankins' address of record: 6323 Anderson Drive, Oklahoma City, OK 73149.
2. The information sent to Kim Robert Hankins' address of record was returned to sender on September 18, 2008 because the forwarding time expired (Exhibit "A").

3. *Licenses 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.**

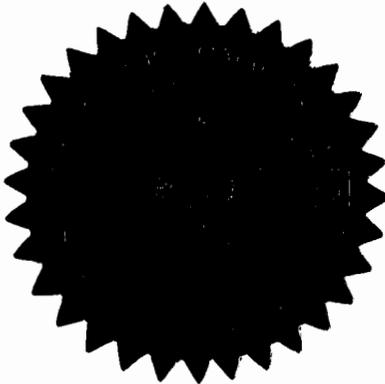
IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties 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 23rd 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 23rd day of October 2008, to:

Kim Robert Hankins
P.O. Box 61162
Oklahoma City, OK 73146

CERTIFIED MAIL NO. 7006 0810 0002 6163 7399

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

STATE OF OKLAHOMA
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OKLAHOMA INSURANCE DEPARTMENT

SEP 18 2008

Agent Licensing Division

OK LICENSE NUMBER 95430
KIM ROBERT HANKINS
6323 ANDERSON DR
OKLAHOMA CITY OK 73149

X 731 NBE 1 207C 02 09/15/08
FORWARD TIME EXP RTN TO SEND
HANKINS, KIM R
PO BOX 61162
OKLAHOMA CITY OK 73146-1162

RETURN TO SENDER

6*PEL 3313203408

