

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

DEC 23 2008

STATE OF OKLAHOMA, ex rel. KIM)
HOLLAND, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
LARRY D. ROPER, a licensed Oklahoma)
Insurance Producer,)
)
Respondent.)

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 08-1669-DIS

**ADMINISTRATIVE ORDER OF SUSPENSION INSTANTER AND NOTICE OF
RIGHT TO BE HEARD**

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

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. 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 and/or may levy a fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code, 36 O.S. § 1435.13(A) and (D).

3. Larry Roper (Roper) is licensed by the State of Oklahoma as a resident insurance producer holding license number 116483. His address of record is 12081 NS 3540, Seminole, Oklahoma 74868.

4. If the Insurance Commissioner finds that the public health, safety or welfare imperatively requires emergency action, and incorporates a finding to the effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. 75 O.S. §§ 314(C)(2), 314.1, OAC 365:1-7-9(a).

ALLEGATIONS OF FACT

1. Roper works at Seminole Insurance Agency, Inc. Roper sold an American Insurance Group (AIG) automobile policy to Lonnie Colston and Regina Sheffield covering three vehicles. The AIG policy cancelled on August 12, 2008 due to non-payment of premium.

2. The Colston's son, Lonnie Joe Colston, was involved in an accident on September 2, 2008 while driving a 1995 Nissan. His passenger, Michael Crawford, was injured. Another vehicle insured by State Farm and driven by Jason Watson was a total loss.

3. Lonnie Joe Colston presented a proof of insurance form to the Oklahoma Highway Patrol (OHP) at the scene of the accident. The proof of insurance was for a Chevrolet, not the 1995 Nissan. Lonnie Joe Colston was issued citation #E732610 by OHP for failure to provide proof of security; 47 O.S. § 7-606 (Exhibit "A").

4. Regina Sheffield notified Roper on September 3, 2008 that her son had an accident and presented Roper the traffic citations her son received. Roper offered to provide Sheffield with an insurance verification form for insurance that did not exist so

Lonnie Joe Colston could avoid paying the ticket for failure to provide proof of insurance. Roper informed Sheffield that this was only to avoid paying the ticket and that there was no insurance coverage on the date of the accident.

5. Roper completed an Oklahoma Security Verification Card by hand in Sheffield's presence on September 3, 2008 which showed Lonnie Colston was insured for the 1995 Nissan with TOPA Insurance effective August 12, 2008 through February 12, 2009 (Exhibit "B").

6. Janice Keatch, an adjuster with TOPA, telephoned Roper on September 3, 2008 after recording an interview with Sheffield in which Sheffield admitted Roper provided her with an insurance verification card for insurance that did not exist. Roper admitted to Keatch in the telephone conversation that he provided Sheffield with an insurance verification card for insurance that did not exist to "get out of the ticket".

7. Roper also admitted in an October 8, 2008 interview with Oklahoma Insurance Department investigator Leslie Landwert that he provided Sheffield with an insurance verification card for insurance that did not exist.

8. Sheffield presented the fraudulent insurance verification card given to her by Roper to Hughes County Assistant District Attorney, Linda Evans, on October 7, 2008. Evans dismissed Lonnie Joe Colston's citation for not having insurance on the date of the automobile accident.

9. Sheffield informed Michael Crawford's wife, Linda, that Roper had only given her the insurance verification form to "get out of the ticket". Linda Crawford obtained a copy of the hand-written insurance verification form showing coverage from August 12, 2008 to March 3, 2009 from Assistant District Attorney Linda Evan's office.

Crawford telephoned TOPA Insurance and was told that the policy was not a good number and that there was no insurance covering the 1995 Nissan.

10. Sheffield informed State Farm on September 12, 2008 that she did not know if she had insurance at the time of the accident. She informed State Farm that her agent had given her an insurance verification card indicating that she did have insurance. State Farm informed Sheffield that her son Lonnie Joe Colston was liable for damages sustained in the accident.

11. Sheffield applied for automobile insurance with TOPA insurance during her visit with Roper on September 3, 2008. TOPA insurance policy #103570044030 was issued effective September 16, 2008. Sheffield paid one month's premium and the policy was later cancelled for non-payment of premium.

CONCLUSIONS OF LAW

1. By fraudulently completing an insurance verification form for insurance that did not exist which his customer Regina Sheffield presented to the Hughes County District Attorney's office to gain dismissal of her son's citation for failure to provide proof of insurance, Roper has violated 36 O.S. § 1435.13(A)(7) by having admitted or been found to have committed any insurance unfair trade practice or fraud; Roper has violated 36 O.S. § 1435.13(A)(8) by using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business in this state; and Roper has violated 36 O.S. § 1435.13(A)(10) by forging another's name to an application for insurance or to any document related to an insurance transaction.

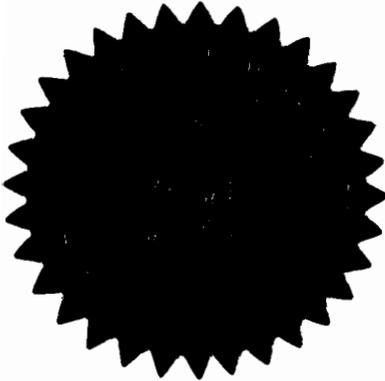
ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner, subject to the following paragraph, that Respondent violated 36 O.S. § 1435.13(A)(7), (8) and (10) and has thereby placed the welfare of the public at risk. In accordance with 75 O.S. § 314(C)(2) and OAC § 365:1-7-9, Respondent's license is suspended effective immediately.

Respondent may request a hearing be held regarding this emergency action. OAC 365:1-7-9(a). Such request for hearing shall be received within thirty (30) days from the date of receipt of this order. A request for hearing shall be made in writing addressed to Julie Delluomo, Assistant General Counsel, Oklahoma Insurance Department, Post Office Box 53408, Oklahoma City, Oklahoma 73152-3408. Upon such request for hearing, the Insurance Department shall conduct the hearing within ten (10) days of receipt of the request.

An independent hearing examiner shall conduct the hearing. Respondent may have a court reporter transcribe the proceedings and Respondent shall be responsible for the costs. If Respondent fails to request a hearing within the required period of time, Respondent's producer license shall be revoked thirty days (30) days from the date of receipt of this order.

WITNESS My Hand and Official Seal this 23 day of December, 2008.



KIM HOLLAND
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Delluomo

Julie Delluomo

Assistant General Counsel

P.O. Box 53408

Oklahoma City, Oklahoma 73152-3408

Telephone: (405) 521-2746

Facsimile: (405) 522-0125

CERTIFICATE OF MAILING

I, Julie Delluomo, hereby certify that a true and correct copy of the above and foregoing Administrative Order of Suspension Instanter was mailed by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 23rd day of December, 2008, to:

Larry D. Roper
12081 NS 3540
Seminole, OK 74868

CERTIFIED MAIL NO.

and that notification was sent to:

NAIC/RIRS

and that a copy was mailed to:

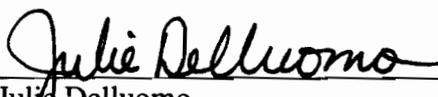
All Appointing Insurers

and that a copy was delivered to:

Agents Licensing Division
Leah Scoles

and

Anti-Fraud Division
Don Smalling


Julie Delluomo

**OKLAHOMA HIGHWAY PATROL
OKLAHOMA UNIFORM VIOLATIONS COMPLAINT**

Case No. _____ Docket No. _____ Page No. _____
 State of Oklahoma HUGHES -ss- In The District Court
 County of DEWEL

COMPLAINT INFORMATION

DPS **E732610**

The undersigned, being duly sworn, upon his oath deposes and says that:

on or about (date) 09-02-08 at (24 hour time) 1:00 at or near (location) E 147 St E 2575
 County Number 37 East Control-Int. _____ North Location 0240
 within the city, county and state aforesaid:

Name (last, first, middle) COLSTON, LONNIE JOE II Phone Number _____
 Address 723 S. OAK

City WADSWORTH State OK Zip Code 74848

Birthdate (mo, day, yr) 08-26-85 Height 603 Weight 200 Race W Sex M Class D Endorsements _____

Driver License Number 082486584 Withdrawal Y N Month/Year 4-29-08 State _____

Employer _____ Did Operate Park
 Unlawfully _____

Vehicle Make Year Body Style-Color Tag Number Year State
NISSAN 05 PICKUP VEV 261 09 OK

Commercial Motor Vehicle Y N Haz. Mat. Placard ACCIDENT: PD PI FATALITY

and did then and there commit the following offense:

SPEEDING _____ MPH in _____ MPH Zone Pace Radar Plane Other

Other Violation: FAIL TO COMPLY W/ CON ADVISORY
INSTR. LAM

Contrary to Title 47 Section 606 Oklahoma Statutes

I, the undersigned issuing officer, hereby certify and swear that I have read the foregoing information and know the facts and contents thereof and that the facts supporting the criminal charge stated therein are true.

Signature of Officer [Signature] Date 092008 Badge No 274 Troop D

Sworn to and subscribed before me this _____ day of _____, 20____

Name and Title _____ My Commission Expires _____

Court Appearance: _____ day of DEC, 2008 at 9 AM
 Address of Court HUGHES CO COURTHOUSE (DPS USE) FR

NOTICE: Release upon personal recognizance based upon a signed written promise to appear for arraignment is conditional and failure to timely appear for arraignment shall result in suspension of the arrested person's driver license in Oklahoma, or in the nonresident's home state pursuant to the Nonresident Violator Compact.

WITHOUT ADMITTING GUILT, I promise to appear in said court at said time and place.

Signature: [Signature] (CHECK ONE BOX ONLY)

Signed Personal Recognizance Bond Attached Magistrate Jail Other

Juvenile Name of Parent or Guardian _____
 Address _____

Officer's Remarks: _____

ROADWAY: business industrial school residential rural
 1 lane 2 lane 3 lane 4 or more undivided divided on/off ramp

NAME
FILE
MARCH
DPS
E732610

COURT RECORD

Case No. TRC-08-400 Docket No. _____ Page No. _____

Arraignment Continued to: _____

ENTRY OF APPEARANCE AND PLEA

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged on the other side of this summons. I have been informed of my right to trial as provided by law.

- I do hereby waive my rights to a hearing by court or jury and PLEAD GUILTY to said offense as charged. I further agree to pay the penalty prescribed for my offense.
- I do hereby waive my rights to a hearing by court or jury and PLEAD NOLO CONTENDERE (No Contest) to said offense as charged. I further agree to pay the penalty prescribed for my offense.
- I do hereby PLEAD NOT GUILTY to said offense as charged, posting amount designated below as my bond for appearance in court on: _____

Signature of Defendant: _____

Amount: \$ _____ Date: _____

PROSECUTOR'S ENDORSEMENT

The within complaint has been examined and there is probable cause for filing the same. Complaint filed: _____

Signature (Prosecuting Attorney, D.A.; A.D.A.) _____ Date _____

COURT ORDERS

Charge Amended to _____ On (Date): _____

Non Conviction Based Upon:

- Court (Jury) Acquittal
- Court Dismissal No Fine/Costs
- Deferred to Date 10-7-08
- Court Dismissal With Fine/Costs

Date of Order _____

Conviction Based Upon:

- Bond Forfeiture
- Plea of Guilty
- Plea of Nolo Contendere
- Court (Jury) Conviction

Conviction Date _____

The Court, therefore, enters the following order:

Fines \$ 0 Costs: \$ 0

Jailed _____ days in _____

School _____ days; Probation _____ days; Defendant notified of his rights _____

Appeal Bond of \$ _____ filed _____

Appeal to _____ Court _____

I Certify This To Be A True And Correct Abstract Of Court Record

Laurie Mathis
Signature of:

- Judge
- Clerk
- Deputy Clerk

OKLAHOMA SECURITY VERIFICATION CARD

Name of Insured	Excluded Drivers	Insurance Company
Lonnie Colston		TOPA
Agent / Agente		Policy Number / Numero de Poliza
Seminole Insurance Agency, Inc.		103570044030
Vehicle Year / Make / Model / V.I.N. Marca de Vehiculo Ano / Modelo		Policy Information Informacion de Poliza
1995 NISSAN		Effective Date / Fecha Efectiva/ 8-2-08
		Effective Time (Standard) / Tiempo Efectiva: 12:01 AM
		Expiration Date / Fecha de Expiracion: 2-2-09
1N6SD113X5C445427		Expiration Time (Standard) / Tiempo de Expiracion: 12:01 AM
<p>The policy provides at least the minimum amounts of liability insurance required by the Oklahoma Compulsory Insurance Law for the specified vehicle and named insured and may provide coverage for other persons and other vehicles as provided by the insurance policy.</p>		<p>Esta póliza provee por lo menos la cantidad mínima de seguro de responsabilidad requerida por la Ley de Seguro de Responsabilidad Obligatoria de Oklahoma para el vehículo especificado y para los asegurados nombrados, y puede proveer cobertura para otras personas y otros vehículos según provisto en la póliza de seguro.</p>

OKLAHOMA LIABILITY INSURANCE CARD

Keep This Card.

IMPORTANT: State law requires a current copy of this owner's security verification form must be surrendered to the motor license agent or other registering agency upon application or renewal for a motor vehicle license plate.

State law also requires a second copy of this owner's security verification form to be carried in the motor vehicle at all times, and produced by any driver of the vehicle upon request for inspection by any driver of the vehicle upon request for inspection by any peace officer or representative of the Department of Public Safety. In case of a collision, the security verification form shall be shown upon request of any person affected by the collision.

EXAMINE POLICY EXCLUSIONS CAREFULLY. This form does not constitute any part of your insurance policy.