

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

JAN 30 2009

STATE OF OKLAHOMA, ex rel. KIM )  
HOLLAND, Insurance Commissioner, )  
 )  
Petitioner )  
v. )  
 )  
WALTER ROGERS, a licensed )  
Non-Resident Adjuster, )  
 )  
Respondent. )

INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 09-0073-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 adjuster holding license number 182910. Respondent's address of record is 389 Weatherstone Pl., Alpharetta, GA 30004.

**FINDINGS OF FACT**

1. The Oklahoma Insurance Department mailed information to Walter Rogers' address of record: 389 Weatherstone Pl., GA 30004.

2. The information sent to Walter Rogers' address of record was returned to sender on July 14, 2008 as forward time expired return to sender (Exhibit A)

3. *Licensees shall promptly notify the Insurance Commissioner within thirty (30) days of any change in the mailing, business or resident address of licensee. 36 O.S. § 6206(C).*

### **CONCLUSIONS OF LAW**

1. Respondent has violated 36 O.S. § 6206 (C) 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. § 6220 (A)(8).

### **ORDER**

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 6206 (C) and 36 O.S. § 6220 (A)(8) 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 adjuster license being non-renewed.**

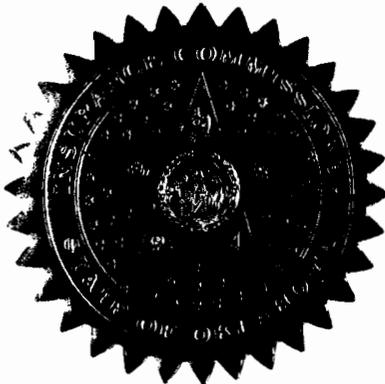
**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties 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 30<sup>th</sup> day of January, 2009.

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 30 day of January 2009, to:

Walter Rogers  
3130 Gambrell Ct.  
Cumming, GA 30040-0741

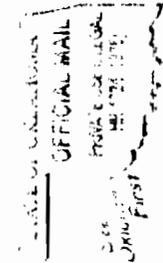
**CERTIFIED MAIL NO. 7006 0810 0002 6163 6682**

and that a copy was delivered to:

Agents Licensing Division

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

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



PRESORTED  
FIRST CLASS



Postage and Fees Paid  
30003408  
US POSTAGE

*NOT AT THIS ADDRESS*

POSTNET POSTAGE (OR STATE) PAID BY ADDRESSEE

WALTER ROUE ROGERS  
389 WEATHERSTONE PL  
ALPHARETTA GA 30004

**RECEIVED BY**  
JUL 14 2008  
OKLAHOMA  
INSURANCE DEPARTMENT

FORWARD TIME EXP RTN TO SEND  
ROGERS  
3130 GAMBRELL CT  
CUMMING GA 30040-0741

RETURN TO SENDER

E-CVR-37-315503408

