

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

FEB 25 2009

INSURANCE COMMISSIONER  
OKLAHOMA

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

Case No. 09-0223-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 40090. Respondent's address of record is 13031 Dorothy Drive, Chesterland, Ohio 44026.

**FINDINGS OF FACT**

1. The Oklahoma Insurance Department mailed information to Maria Kettlewood's address of record: 13031 Dorothy Drive, Chesterland, Ohio 44026.

2. The information sent to Maria Kettlewood's address of record was returned to sender on December 19, 2008 as the forwarding time had expired (Exhibit "A").

3. *Licenses shall promptly notify the Insurance Commissioner within thirty (30) days of any change in the mailing, business or residence address of the 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 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. § 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.**

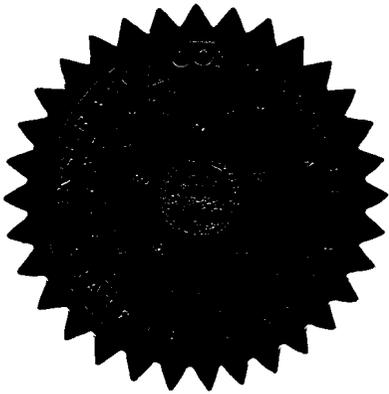
**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties 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 26<sup>th</sup> day of February, 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 26<sup>th</sup> day of February 2009, to:

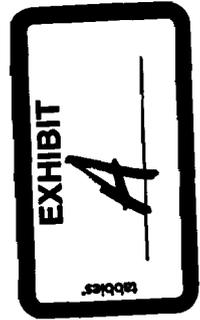
Maria Kettlewood  
6814 Sutherland Ct.  
Mentor, Ohio 44060

**CERTIFIED MAIL NO. 7006 2760 0005 6605 1371**

and that a copy was delivered to:

Agents Licensing Division

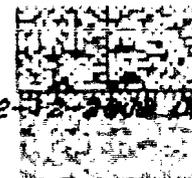
  
\_\_\_\_\_  
Julie Delluomo



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

STATE OF OKLAHOMA  
 OFFICIAL MAIL  
 PRIVATE USE ILLEGAL  
 See Oklahoma Statutes Title 60 Section 2-101

UNREPORTED  
 FIRST CLASS



\$00.346  
 OKLA CITY, OK 73101  
 DEC 12 2008

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT

DEC 7 2 2008

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT

DEC 19 2008

MAILROOM

to late fees per 36 O.S. § 1435.23 for Producers or 36 O.S. § 6212 for Adjusters

Licensing Division  
 Ty

**OK License Number 40090**  
**MARIA E. KETTLEWOOD**  
 13031 DOROTHY DR  
 CHESTERLAND OH 44026

X 441 N7E 1 707C 78 12/17/08  
 FORWARD TIME EXP RTN TO SEND  
 KETTLEWOOD  
 6814 SUTHERLAND CT  
 MENTOR OH 44060-3972

RETURN TO SENDER

J\*PEL 08

