

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

MAR 02 2009

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. KIM )  
HOLLAND, Insurance Commissioner, )  
 )  
Petitioner )  
v. )  
 )  
CRAIG MICHAEL BAXA a licensed )  
Non-resident Adjuster, )  
 )  
Respondent. )

Case No. 09-0242-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 adjuster holding license number 58993. Respondent's address of record is 1929 Sherman, Evanston, IL 60201

**FINDINGS OF FACT**

1. The Oklahoma Insurance Department ("the Department") mailed information to Respondent's address of record: 1929 Sherman, Evanston, IL 60201.
2. The information sent to Respondent's address of record was returned to sender on December 22, 2008, because the forwarding time expired (Exhibit "A").

3. *Licensees 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 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 AND NO/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.**

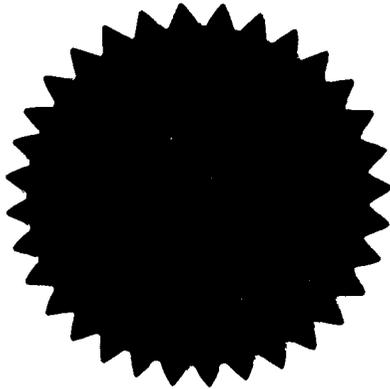
**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first (31<sup>st</sup>) 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 2<sup>nd</sup> day of March, 2009.

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 2<sup>nd</sup> day of March 2008, to:

Craig Michael Baxa  
P.O. Box 854  
Evanston, IL 60204

7006 0810 0002 6164 1594

and that a copy was delivered to:

Agents Licensing Division

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

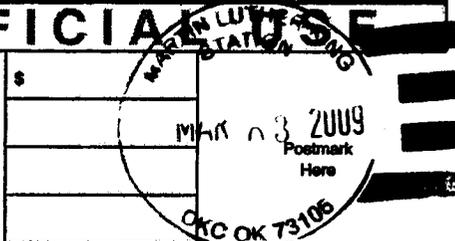
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

7006 0810 0002 6164 1594

Postage \$  
 Certified Fee  
 Return Receipt Fee  
 (Endorsement Required)  
 Restricted Delivery Fee  
 (Endorsement Required)



Total Po

**Craig Michael Baxa**  
**P.O. Box 854**  
**Evanston, IL 60204**

Sent To  
 Street, Ap.  
 or PO Box  
 City, State

09-0242-DIS-JAD-COA

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Craig Michael Baxa**  
**P.O. Box 854**  
**Evanston, IL 60204**

09-0242-DIS-JAD-COA

2. Article Number

(Transfer from service label)

7006 0810 0002 6164 1594

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Craig Baxa*

Agent  
 Addressee

B. Received by (Printed Name)

RECEIVED  
 Craig Baxa  
 OKLAHOMA INSURANCE DEPARTMENT

C. Date of Delivery

3/21/09

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

MAR 25 2009

Legal DIVISION

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT

MAR 27 2009

Legal Division

09-0242-DS



FARMERS

Farmers Insurance Exchange

4680 Wilshire Blvd.

Los Angeles, CA 90010-3807

CHECK NUMBER

3010808917

64-975/612

Date

03/25/2009

PAYABLE AT:

Wachovia Bank, National Association  
One South Broad St., Suite 1300  
Philadelphia, PA 19107

AMOUNT \$ \*\*\*\*\*100.00\*

NOT GOOD AFTER SIX MONTHS

PAY TO THE ORDER OF

DOLLARS

To  
The  
Order  
Of  
OKLAHOMA DEPT OF INS  
2401 NW 23RD STE 28  
OKLAHOMA CITY OK 73107

BY

*Tom Maylan*