

**BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA**

**STATE OF OKLAHOMA, ex rel. KIM  
HOLLAND, Insurance Commissioner,** )  
)  
)  
**Petitioner,** )  
)  
v. )  
)  
**SKYLER H. LUSNIA, a Licensed  
Resident Insurance Producer,** )  
)  
)  
**Respondent.** )

**FILED**  
APR 10 2009  
Case No. 09-0422-DIS  
INSURANCE COMMISSIONER  
OKLAHOMA

**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 107898. Respondent's address of record is PO Box 813, Weatherford, Oklahoma 73096.

**FINDINGS OF FACT**

1. The Oklahoma Insurance Department mailed information to Lusnia's address of record: PO Box 813, Weatherford, Oklahoma 73096.
2. The information sent to Lusnia's address of record was returned to sender on November 18, 2008, because the forwarding time expired (Exhibit "A").
3. *Licensees shall inform the Insurance Commissioner by any means acceptable to*

SCANNED

*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.**

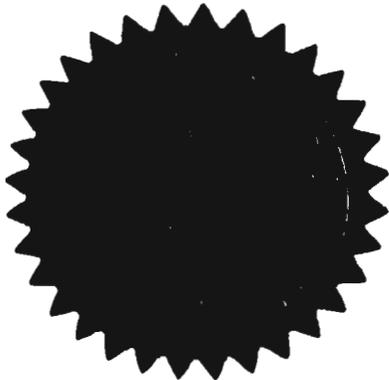
**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties 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 10<sup>th</sup> day of April, 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 10<sup>th</sup> day of April 2009, to:

Skyler H. Lusnia  
2649 NW 23<sup>rd</sup> Street  
Oklahoma City, OK 73107-2209

**CERTIFIED MAIL NO.                      7006 0810 0002 6163 8228**

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

**OK License Number 107898**  
**SKYLER H LUSNIA**  
**PO BOX 813**  
**WEATHERFORD OK 73096**

J-CRPA 73096  
 7315203408

STATE OF OKLAHOMA  
 OFFICIAL MAIL  
 STATE OF OKLAHOMA  
 POST OFFICE BOX 53408  
 OKLAHOMA CITY, OK 73152-3408

CLASS  
 FIRST CLASS  
 OKLAHOMA  
 DEPARTMENT OF REVENUE

NOV 18 2008  
 \$00.346  
 US POSTAGE

Agent Licensing Division

FORWARD TIME EXP RTN TO SEND  
 LUSNIA  
 2649 NW 23RD ST  
 OKLAHOMA CITY OK 73107-2209

RETURN TO SENDER

