



Respondent signed for the certified letter on April 3, 2013.

4. On April 15, 2013, Respondent replaced the insufficient EFT and paid the service fee owed with money order number 7005021459 in the amount of \$28.00.

**CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

**ORDER**

**IT IS THEREFORE ORDERED that Stacy French is CENSURED.**

Respondent is further notified that she may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and give an explanation of Respondent's actions described herein and any defenses thereto.

If Respondent fails to request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day, and Respondent shall be **CENSURED**.

WITNESS My Hand and Official Seal this 24<sup>th</sup> day of April, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
William G. "Buddy" Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to be Heard* was mailed certified, with return receipt requested, on this 24<sup>th</sup> day of April, 2013, to:

Stacy French  
1330 N. Classen Blvd., Suite G40  
Oklahoma City, OK 73106-6836

  
William G. "Buddy" Combs

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

7001 0320 0003 9967 4430

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	

Postmark Here  


Sent To: Stacy French  
 Street, Apt. No., or PO Box No.: 1330 N. Classen Blvd., Suite G40  
 City, State, ZIP+4: Oklahoma City, OK 73106-6836  
 rlg/13-0436-DIS/Cond.Adm.Ord.

PS Form 3800, January 2004 Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>x Cortni Walton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)  <i>Cortni Walton</i></p> <p>C. Date of Delivery  <i>4/26/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>RECEIVED          OKLAHOMA INSURANCE DEPARTMENT          APR 30 2013          Legal Division</p> <p>Stacy French          1330 N. Classen Blvd., Suite G40          Oklahoma City, OK 73106-6836          rlg/13-0436-DIS/Cond.Adm.Ord.</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label)</p> <p>7001 0320 0003 9967 4430</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540