

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

STATE OF OKLAHOMA, ex rel. JOHN)
D. DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
WESTERN CLAIMS, INC.,)
an unlicensed business entity adjuster)
)
Respondent.)

Case No. 14-0558-DIS

FILED
DEC 05 2014
INSURANCE COMMISSIONER
OKLAHOMA

**CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD**

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through his undersigned attorney, and alleges and states as follows:

JURISDICTION

1. John D. Doak 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. Western Claims, Inc. is an Oklahoma business entity adjuster holding license 100101126 which became inactive on November 30, 2010 for failing to renew. Its address is 429 W. Wilshire Blvd., Suite B, Oklahoma City, Oklahoma 73116.
3. The Insurance Commissioner may censure, suspend, revoke, or refuse to issue a renewal license after hearing pursuant to the Oklahoma Insurance Adjusters Licensing Act and/or may levy a civil fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code, 36 O.S. § 6219, § 6220(A) and (B).

ALLEGATIONS OF FACT

1. Ronda Kenyon filed a complaint with the Consumer Assistance Division at the Oklahoma Insurance Department on April 2, 2014 regarding the estimate for her hail damaged vehicle. Carla Jacobs was the assigned adjuster with the Oklahoma Property and Casualty Guaranty Association. Jacobs contacted Western Claims, Inc. to complete the estimate for Kenyon's vehicle. Ronald Oldham was the adjuster with Western Claims who handled the estimate of the vehicle.

2. A routine review of Department records showed that Western Claims, Inc. had not been licensed as a business entity adjuster with the Department since November 30, 2010.

3. Respondent was required to maintain an active business entity adjuster license between November 30, 2010, and the present date.

CONCLUSIONS OF LAW

1. "Insurance adjuster" means any person, firm, association, company or legal entity that acts in this state for an insurer, and that investigates claims, adjusts losses, negotiates claim settlements, or performs incidental duties arising pursuant to the provisions of insurance contracts on behalf of an insurer. 36 O.S. § 6202(3).

2. Respondent violated 36 O.S. § 6220(A)(9) in failing to maintain an active business entity adjuster license.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 6220(A)(9) and as a result **Respondent is FINED** in the amount of **FIVE HUNDRED DOLLARS (\$500.00)**. **Fine to be paid within thirty (30) days of receipt of this Order.**

License will be reissued upon payment of the fine.

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 this Order. A request for hearing should be in writing addressed to Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Street, Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq. and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 et seq. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 5th day of December, 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in cursive script that reads "Julie Meaders".

Julie Meaders
Deputy General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112
Telephone: (405) 521-2746

CERTIFICATE OF MAILING

I, Julie Meaders, 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 by certified mail with postage prepaid and return receipt requested on this 5th day of December, 2014 to:

Western Claims, Inc.
429 W. Wilshire Blvd., Suite B
Oklahoma City, OK 73116

CERTIFIED MAIL NO: 7014 0150 0001 9588 9622

and that a copy was delivered to:

Licensing Division

Consumer Assistance Division



Julie Meaders

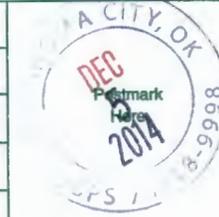
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OFFICIAL USE

7014 0150 0001 9588 9622

Postage	\$
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Total Postage & Fees	\$



Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

Western Claims, Inc.
 429 W. Wilshire Blvd., Suite B
 Oklahoma City, OK 73116
 rlg/14-0558-DIS/Cond. Adm. Ord.

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Western Claims, Inc. 429 W. Wilshire Blvd., Suite B Oklahoma City, OK 73116 rlg/14-0558-DIS/Cond. Adm. Ord. </div>	B. Received by (Printed Name) V. Simpson	C. Date of Delivery DEC 10 2014
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 0150 0001 9588 9622	
PS Form 3811, February 2004	Domestic Return Receipt	102505-02-M-15

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 DEC 10 2014

Legal Division

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

4. Restricted Delivery? (Extra Fee) Yes