

3. Respondent submitted his August 2014 LNIC report to the Department on Wednesday, October 1, 2014 – 16 days after the report was due Monday, September 15, 2014.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(24) for failing to file a report as required by Section 1314.

2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

ORDER

IT IS THEREFORE ORDERED that Delmer Phillips is CENSURED. Respondent is further notified that he may request a hearing within thirty (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 Dan R. Byrd, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

If Respondent does not request a hearing within the thirty (30) days allotted, this Order shall become a FINAL ORDER on the thirty-first (31st) day following the receipt of the Order.

WITNESS My Hand and Official Seal this 7th day of October, 2014.



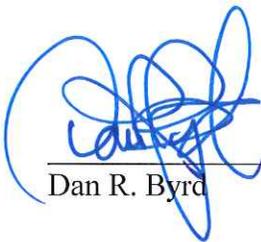
JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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, return receipt requested, on this 7th day of October, 2014, to:

Delmer Phillips
1704 N. Desert Palm Ave.
Broken Arrow, OK 74012-1201



Dan R. Byrd

7014 0150 0001 9588 2401

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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Return Receipt Fee (Endorsement Required)	
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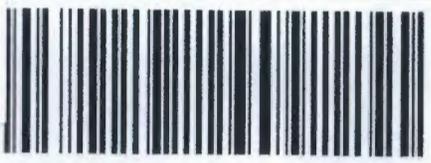


Sent To
 Delmer Phillips
 1704 N. Desert Plam Ave.
 Broken Arrow, OK 74012-1201
 sms/14-0980-DIS/Cond Ord

PS Form 3800, Use Reverse for Instructions

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Oklahoma City, OK 73112-4511

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OKLAHOMA INSURANCE DEPARTMENT

NOV 04 2014

Legal Division



Delmer Phillips
 1704 N. Desert Plam Ave.
 Broken Arrow, OK 74012-1201

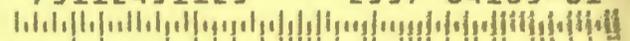
notified 10-9
10-25
10-30

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Sent To

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Broken Arrow, OK 74012-1201
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PS Form 3800, February 2004

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

2. Article Number (Transfer from service label)
7014 0150 0001 9588 2401

1. Article Addressed to:
Delmer Phillips
1704 N. Desert Plam Ave.
Broken Arrow, OK 74012-1201
sms/14-0980-DIS/Cond Ord

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

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

A. Signature Agent Addressee

B. Received by (Printed Name) _____
 C. Date of Delivery _____

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

RECEIVED DEPARTMENT OF INSURANCE
 NOV 04 2014
 Legal Division
 OKLA:

■ 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.