

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

JAN 26 2015

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN DOAK, Insurance Commissioner,

Petitioner,

v.

LISA MARIE ROBERTSON,
an applicant for a nonresident insurance adjuster license,

Respondent.

Case No. 15-0079-DEN

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

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

JURISDICTION

1. John 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. Respondent is an applicant for a nonresident insurance adjuster license in the State of Oklahoma. Respondent's address of record 6010 Atlantic Blvd., Norcross, Georgia 30071.
3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew an initial license issued pursuant to the Oklahoma Insurance Adjusters Licensing Act and/or may levy a 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. Respondent applied for a nonresident insurance adjuster license on or about January 14, 2015 with the Oklahoma Insurance Department (OID). On the application form, the second question asks the following: “Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?” Respondent answered “no” to this question.

2. The application form defines being “involved” in an administrative proceeding as the following: “having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. ‘Involved’ also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration.” ‘Involved’ also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial.” Applicants may only exclude “terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.”

3. A background check conducted by the OID Licensing Division showed that Respondent had the following administrative action listed on her record: a consent order by the Georgia Department of Insurance for a failure to timely file violation on or about April 14, 2006 (State Regulatory Information Retrieval System (“RIRS”))

Identifier: 1R_11053065). Respondent did not properly disclose the aforementioned administrative action in the license application.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 6220(A)(1); material misrepresentation or fraud in obtaining an adjuster's license.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Lisa Marie Robertson is **FINED ONE HUNDRED AND FIFTY DOLLARS (\$150.00)** for material misrepresentation or fraud in obtaining an adjuster's license. **The \$150.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$150.00 civil fine shall be paid by money order or cashier's check. Respondent's application for a nonresident insurance adjuster license may be granted upon receipt of payment of the fine and reporting of the administrative action. Failure to pay the civil fine or request a hearing within thirty (30) days will result in your license application being withdrawn.

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 Barron Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., 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 Insurance Code and 75 O.S. § 250-323. 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 26th day of January, 2015.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown

Barron B. Brown
Assistant General Counsel
3625 NW 56th St., Suite 100
Oklahoma City, OK 73112

CERTIFICATE OF MAILING

I, Barron B. Brown, 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 26th day of January, 2015, to:

Lisa Marie Robertson
6010 Atlantic Blvd.
Norcross, GA 30071

CERTIFIED MAIL NO. 7014 2870 0000 5493 1517

and a copy was delivered to:

Brandon Brummett
Licensing Division



Barron B. Brown
Assistant General Counsel

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

7014 2870 0000 5493 1517

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

OFFICIAL USE

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



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

Lisa Marie Robertson
 6010 Atlantic Blvd.
 Norcross, GA 30071
 rlg/15-0079-DEN/Cond. Adm. Ord.

PS Form 3800, July 2014

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>MRB</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>MRB</i> 1/25/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Lisa Marie Robertson 6010 Atlantic Blvd. Norcross, GA 30071 rlg/15-0079-DEN/Cond. Adm. Ord.</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT FEB 04 2015 Legal Division</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7014 2870 0000 5493 1517</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	