BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

FILED
MAY 12 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,	)	
Petitioner,	)	
v.	)	
	)	Case No. 15-0504-DIS
ABSOLUTE ECONOMICAL FUNERAL HOME, LLC	)	
Prepaid Funeral Benefits Permit 864434	)	
Respondent.	)	

CONDITIONAL ADMINISTRATIVE ORDER AND NOTICE OF RIGHT TO HEARING

The State of Oklahoma, ex rel., John D. Doak, Insurance Commissioner, alleges and states as follows:

JURSDICTION AND AUTHORITY

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma ("the Insurance Commissioner") and, as such, is charged with the duty of administering and enforcing the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., including the provisions of the Prepaid Funeral Service and Funeral Service Merchandise Act, 36 O.S. §§ 6121-6136.18 ("the Prepaid Act").

2. The Respondent, Absolute Economical Funeral Home, LLC ("Respondent" or "Permit Holder"), is a Permitted Provider of prepaid funeral benefit contracts in the State of Oklahoma and holds Permit Number 864434 for an establishment in Oklahoma City, Oklahoma.

FINDINGS OF FACT

1. The Insurance Commissioner is charged with the duty of administering and enforcing all provisions of the Prepaid Act, 36 O.S. §§ 6121-6136.18.

2. Respondent is a prepaid funeral benefits Permit Holder in the State of Oklahoma pursuant to 36 O.S. § 6121 and 36 O.S. § 6124, holding Permit Number 864434 for an establishment in Oklahoma City, Oklahoma.

3. Respondent failed to submit its Annual Report by March 16, 2015 (as March 15, 2015, fell on a Sunday), as required by 36 O.S. §6128. Respondent's Annual Report was received by the Department late on April 23, 2015.

CONCLUSIONS OF LAW

1. Respondent has failed to submit its Annual Report timely in violation of 36 O.S. § 6128.

2. The Insurance Commissioner may censure, suspend, or revoke a prepaid funeral permit or impose a fine in the amount of $100 to $1,000, or impose a combination of such administrative actions, for violating any provision of the Prepaid Act. *See e.g.* 36 O.S. § 6130 (B).

3. The Annual Report is central to the Insurance Commissioner's ability to properly regulate the prepaid funeral benefits trust industry. *See* 36 O.S. §§ 6123, 6125, 6128, 6129, 6129.1 and O.A.C 365:25-9-3(b) (3).

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that the named Respondent is assessed a civil penalty in the amount of Five Hundred Dollars ($500.00).

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that this Conditional Administrative Order shall become **a FINAL ORDER on the 31st day following the receipt of said Order by the Respondent, unless the Respondent requests a Hearing as set out below.** The fine levied herein is due at the time this Conditional Administrative Order becomes a Final Order.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED and Respondent is further notified that Respondent may request a Hearing within thirty (30) days of the receipt of this the Conditional Administrative Order, 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, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described herein and any defenses thereto.**

Any such Hearing shall be conducted according to the procedures for contested cases under the Insurance Code and the Oklahoma Administrative Procedures Act, 75 O.S. § 250-323. If the Respondent serves a timely request for Hearing, this Conditional Administrative Order shall act as notice of the matters to be reviewed at the Hearing, and such allegations may be amended as additional information is discovered. The Insurance Commissioner or his appointed Hearing Examiner reserves the right to impose additional or different administrative discipline at a Hearing, if warranted.

WITNESS My Hand and Official Seal this 12th day of May, 2015.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

By: Dan R. Byrd, OBA No. 12591
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112
Telephone: (405) 522-6330
Facsimile: (405) 522-0125

CERTIFICATE OF MAILING

I, Dan R. Byrd, hereby certify that a true and correct copy of the attached *Conditional Administrative Order and Notice of Right to Hearing* was mailed certified mail, return receipt requested and by regular U.S. mail on the 12th day of May, 2015 to:

Absolute Economical Funeral Home, LLC
7721 NW 10th St, Ste B
Oklahoma City, OK 73127

CERTIFIED MAIL NO:
7014 2870 0000 5493 0510

And that a copy was mailed by regular mail to:

Oklahoma Funeral Board
ATTN: Chris Ferguson, Deputy Director
4545 North Lincoln, Suite 175
Oklahoma City, OK 73105

CERTIFIED MAIL NO:
7014 2870 0000 5493 0527

And a Copy Was Delivered to Shanna Johnson, Regulatory Supervisor, Prepaid Accounts, Oklahoma Insurance Department.

Dan R. Byrd
Assistant General Counsel
Oklahoma Insurance Department

7014 2870 0000 5493 0510

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

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 & Fe	

Postmark Here

USPS 73118-9998 OKLAHOMA CITY, OK MAY 12 2015

Sent To

Street & Apt. No., or PO Box No.

City, State, ZIP+4

Absolute Economical Funeral Home, LLC
7721 NW 10th St., Ste. B
Oklahoma City, OK 73127
15-0504-DIS/DRB(mt)
(Cond.Adm.Ord & Notice~5-12-15)

PS Form 3800, July 2014 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to:

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
MAY 19 2015
Legal Division

Absolute Economical Funeral Home, LLC
7721 NW 10th St., Ste. B
Oklahoma City, OK 73127
15-0504-DIS/DRB(mt)
(Cond.Adm.Ord & Notice~5-12-15)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Delene Stubbs
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
DELENE STUBBS

C. Date of Delivery
5-14-15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 2870 0000 5493 0510

PS Form 3811, July 2013 — Domestic Return Receipt

7014 2870 0000 5493 0527

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

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	

Postmark Here

USPS 73118-9998 OKLAHOMA CITY, OK MAY 2 2015

Sent To Oklahoma Funeral Board
Attn: Chris Ferguson, Deputy Director
Street & Apt. No., or PO Box No. 4545 North Lincoln, Suite 175
City, State, ZIP+4 Oklahoma City, OK 73105
15-0504-DIS/DRB(mt)
(Cond.Adm.Ord & Notice~5-12-15)

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to:

Oklahoma Funeral Board
Attn: Chris Ferguson, Deputy Director
4545 North Lincoln, Suite 175
Oklahoma City, OK 73105
15-05[illegible]DIS/DRB(mt)
(Cond.Adm.Ord & Notice~5-12-15)

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
MAY 20 2015
Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Chris Ferguson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Chris Ferguson
C. Date of Delivery 5-18-15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 2870 0000 5493 0527

PS Form 3811, July 2013 Domestic Return Receipt