

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

STATE OF OKLAHOMA, ex rel. JOHN)
D. DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
AMERICAN FREEDOM ASSURANCE INC.)
a non resident producer firm,)
)
Respondent.)

FILED

FEB 25 2011

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 11-0161-DIS

**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 attorney, Julie Meaders, 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. Respondent is licensed as a non resident producer firm holding license 10014144. Respondent's address of record is 1205 Westlakes Drive, Suite 250, Berwyn, Pennsylvania 19312.

3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Producer 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. § 1435.13(A) and (D).

ALLEGATIONS OF FACT

1. Respondent applied for an Oklahoma non-resident title firm license in January 2011. Respondent answered “no” to the following question on its application: “Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding regarding any professional or occupational license, or registration, which has not been previously reported to this state?”

2. "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation 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.

3. A background check showed that American Freedom Assurance Inc. has had one (1) administrative action regarding its title insurance license. The Producer Licensing Division found no previously reporting of this administrative action nor any submitted documents regarding this administrative action as the application requires: “(a) a written statement identifying the type of license, identifying all parties involved and explaining the circumstances of each incident; (b) a copy of the Notice of Hearing or other documents that states the charges and allegations; (c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.”

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 1435.13(A)(1); providing incorrect, misleading, incomplete or materially untrue information in the license application.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that American Freedom Assurance, Inc. is fined Two Hundred and Fifty Dollars (\$250.00) for failing to disclose the prior administrative action. The \$250.00 fine is to be paid within thirty (30) days made payable to the Oklahoma Insurance Department, along with submission of the order or other relevant documents regarding the previous administrative action.

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, Post Office Box 53408, Oklahoma City, Oklahoma 73152-3408. 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 25th day of February, 2011.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders

Julie Meaders
Assistant General Counsel
P.O. Box 53408
Oklahoma City, Oklahoma 73152
Telephone: (405) 521-2746
Facsimile: (405) 522-0125

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 25th day of February, 2011, to:

American Freedom Assurance, Inc.
1205 Westlakes Drive, Suite 250
Berwyn, Pennsylvania 19312.

CERTIFIED MAIL NO: 7008 1830 0003 9410 8321

and a copy was delivered to:

Licensing Division



JULIE MEADERS
ASSISTANT GENERAL COUNSEL

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

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

OFFICIAL USE

7008 1830 0003 9410 8321

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To American Freedom Assurance, Inc 1205 Westlakes Drive, Suite 200 Berwyn, PA 19312	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	



American Freedom Assurance, Inc
1205 Westlakes Drive, Suite 200
Berwyn, PA 19312

11-016-015/JAMEL
Cond Admin ord.

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:

MAR 06 2011

American Freedom Assurance, Inc.
 1205 Westlakes Drive, Suite 250
 Berwyn, PA 19312

11-21601-Dis (JFM/HA)
 Cond. Admin. ord

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 X *Megan Yeager*
- B. Received by (Printed Name) *Megan Yeager*
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7008 1830 0003 8321