



replace the funds, along with a \$25 service fee, within five days of receipt of the letter. The total amount owed to the Department is \$48.00. The mailing was sent to Respondent's address on file with the Department.

4. The letter was returned to the Department marked "Unclaimed." Respondent has a significant history of not retrieving his mail and failing to respond to properly mailed notifications from the Department. Additionally, Respondent regularly submits insufficient funds to the Department.

5. As of the date of this Order, Respondent has not replaced the funds, nor has he responded to Department staff.

6. Respondent's license is currently suspended for identical violations from previous months.

#### **CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(21) by failing to respond to a properly mailed notification within a reasonable amount of time.

2. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

#### **ORDER**

**IT IS THEREFORE ORDERED that Quenzell Allen is CENSURED.**

**IT IS FURTHER ORDERED that Quenzell Allen shall pay the full amount of his reviewal fees and service fees owed for the above listed report in the amount of \$48.00 within 30 days of receipt of this Order. Failure to do so shall result in the SUSPENSION of Quenzell Allen's license on the thirty-first (31<sup>st</sup>) day following receipt of this Order or the proper**


**mailing of this Order if no receipt is made.**

Respondent is notified that he may request a hearing within 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 William G. "Buddy" Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described herein and any defenses thereto.** If Respondent does not request a hearing within the 30 days allotted, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day following the receipt of the Order.

WITNESS My Hand and Official Seal this 10<sup>th</sup> day of August, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

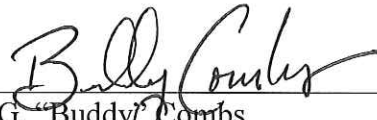
  
\_\_\_\_\_  
William G. "Buddy" Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 521-0125

**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 10<sup>th</sup> day of August, 2012, to:

Quenzell Allen  
100 E. 13<sup>th</sup> St., Suite 209  
Ada, OK 74820-6548

Quenzell Allen  
507 N. Fern Ave.  
Wynnewood, OK 73098-2000

  
\_\_\_\_\_  
William G. "Buddy" Combs



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**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:

Quenzell Allen  
 100 E. 13th Street, Suite 209  
 Ada, Ok 74820-6548  
 sms/12-0712-DIS/Cond. Ord.

2. Article Number

(Transfer from service label)

7001 0320 0003 9967 9435

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION**

A. Signature

X

B. Received by (Printed)

RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT

AUG 04 2012

Legal Division

3. Service Type

- Certified Mail
- Registered
- Insured Mail

4. Restricted Delivery (Endorsement Required)

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Posts</b>	

Sent To  
Street, Apt. 1 or PO Box N  
City, State, Z

Quenzell Allen  
 100 E. 13th Street, Suite 209  
 Ada, Ok 74820-6548  
 sms/12-0712-DIS/Cond. Ord.



PS Form 3800, January 2001

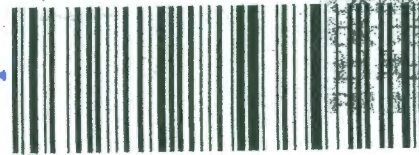
See Reverse for Instructions



**JOHN D. DOAK**  
**Insurance Commissioner**  
 Oklahoma Insurance Department  
 5 Corporate Plaza  
 3625 NW 56th Street, Suite 100  
 Oklahoma City, OK 73112-4511

**RETURN RECEIPT REQUESTED**  
 RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 Supt  
 AUG 04 2012  
 Legal Division

**CERTIFIED MAIL**



7001 0320 0003 9967 9435



U.S. POSTAGE PITNEY BOWES  
 ZIP 73112 \$005.75<sup>0</sup>  
 02 1W  
 0001363374 AUG 10 2012



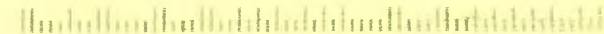
Quenzell Allen  
 100 E. 13th Street, Suite 209  
 Ada, Ok 74820-6548

NAME \_\_\_\_\_  
 1st Notice \_\_\_\_\_  
 2nd Notice 8/18  
 Return 8/28

*Att*

NIXIE 731 SE 1... 00 08/29/12  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
 BC: 73112451125 \*0757-04241-10-3

73112@4511





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

**OFFICIAL USE**

7001 0320 0003 9967 9428

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



**Total Post**

Sent To \_\_\_\_\_  
 Street, Apt. or PO Box | \_\_\_\_\_  
 City, State, \_\_\_\_\_

**Quenzell Allen**  
**507 N. Fern Ave.**  
**Ada, Ok 73098-2000**  
**sms/12-0712-DIS/Cond. Ord.**

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**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: \_\_\_\_\_

Quenzell Allen  
 507 N. Fern Ave.  
 Ada, Ok 73098-2000  
 sms/12-0712-DIS/Cond. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  Agent  
 Addressee

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

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 AUG 16 2012  
 Legal Division

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

4. Restricted Delivery? (Extra Fee)  Yes

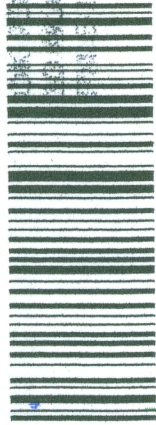
2. Article Number (Transfer from service label) **7001 0320 0003 9967 9428**





**JOHN D. DOAK**  
**Insurance Commissioner**  
 Oklahoma Insurance Department  
 5 Corporate Plaza  
 3625 NW 56th Street, Suite 100  
 Oklahoma City, OK 73112-4511

**CERTIFIED MAIL**



7001 0320 0003 9967 9428



U.S. POSTAGE PITNEY BOWES  
 ZIP 73112 \$ 005.75<sup>0</sup>  
 02 1W  
 0001363374 AUG 10 2012

**RETURN RECEIPT  
 REQUESTED**

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT

AUG 16 2012

Legal Division

Quenzell Allen  
 507 N. Fern Ave.

Ok 73112-4511

73112 5C 1 00 08/14/12  
 RETURN TO SENDER  
 NO MAIL RECEIPT  
 UNABLE TO FORWARD  
 BC: 73112451125 \*3057-02335-10-38

73112@4511