

No. **4138**

**OFFICIAL ORDER  
of the  
TEXAS COMMISSIONER OF INSURANCE**

**Date:** OCT 06 2015

**Subject Considered:**

MALINDIENE E. JONES  
3803 Wayne St.  
Houston, TX 77026-4853

**DEFAULT ORDER**

SOAH DOCKET NO. 454-15-5059.C  
ENFORCEMENT FILE NO. 7629

**General Remarks and Official Action Taken:**

The commissioner of insurance considers whether disciplinary action should be taken against Malindiene E. Jones.

**FINDINGS OF FACT**

1. According to Texas Department of Insurance records, Malindiene E. Jones, individual identification number 1162458, holds a general lines life, accident, and health license issued on December 27, 2012.
2. TDI records show the last mailing address Jones provided to the department is 3803 Wayne St., Houston, TX 77026-4853.
3. On August 3, 2015, TDI sent a notice of hearing to Jones's last known mailing address.
4. Jones failed to file a written response to the notice of hearing within 20 days of the date the notice of hearing was mailed.
5. The department received a complaint from American National Insurance Company (ANICO) regarding Jones's failure to remit \$848.03 in premiums she collected from policyholders between December 2012 and December 2013. Jones misappropriated and converted the \$848.03 in premiums to her own use.
6. Jones voluntarily surrendered her appointment with American National Insurance Company on January 16, 2014.

## CONCLUSIONS OF LAW

1. The commissioner has jurisdiction over this matter pursuant to TEX. INS. CODE §§ 82.051 – 82.055, 84.021 – 84.022, 4001.002, 4005.101, 4005.102, and 4054.051; and TEX. GOV'T CODE §§ 2001.051–2001.178.
2. The commissioner has the authority to dispose of this case informally pursuant to TEX. GOV'T CODE § 2001.056; TEX. INS. CODE § 82.055; and 28 TEX. ADMIN. CODE §§ 1.47, 1.88, and 1.89.
3. Based on 28 TEX. ADMIN. CODE § 19.906, Jones's last known mailing address is presumed to be 3803 Wayne St., Houston, TX 77026-4853.
4. TDI mailed a notice of hearing to Jones's last known mailing address as required by 28 TEX. ADMIN. CODE §§ 1.28(c) and 1.88(c); 1 TEX. ADMIN. CODE § 155.401; and TEX. GOV'T CODE Chapter 2001.
5. TDI's allegations in the notice of hearing, as set out in findings of fact nos. 1 and 5–6, are deemed admitted as true pursuant to 28 TEX. ADMIN. CODE § 1.89.
6. Jones willfully violated an insurance law of the state of Texas according to TEX. INS. CODE § 4005.101(b)(1).
7. Jones misappropriated, converted to her own use, and illegally withheld money belonging to an insurer, as prohibited by TEX. INS. CODE § 4005.101(b)(4).
8. Jones engaged in fraudulent and dishonest acts or practices, as contemplated in TEX. INS. CODE § 4005.101(b)(5).

The commissioner of insurance orders that the general lines life, accident, and health license held by Malindiene E. Jones is revoked. The commissioner orders Jones to pay \$848.03 in restitution to American National Insurance Company within 30 days from the date of this order. Jones must send written proof of payment of restitution in full to the Texas Department of Insurance, Attn: Catherine Bell, or her successor, Enforcement Section, MC 110-1A, P.O. Box 149104, Austin, TX 78714-9104.



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David C. Mattax  
Commissioner of Insurance

STATE OF TEXAS           §  
  §  
COUNTY OF TRAVIS       §

**Affidavit**

Before me the undersigned authority personally appeared the affiant, who, being by me duly sworn, deposed as follows:

“My name is Ginger Yocom and I am employed by the Texas Department of Insurance. I am of sound mind, capable of making this affidavit, and have personal knowledge of these facts which are true and correct.

I have reviewed TDI’s records concerning Malindiene E. Jones and I have confirmed that:

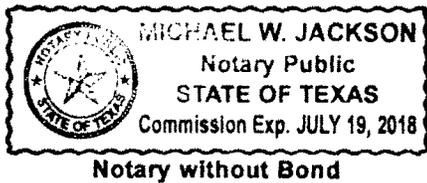
- (1) The last mailing address provided to the department in writing by Malindiene E. Jones was 3803 Wayne St., Houston, TX 77026-4853.
- (2) The file maintained by the Enforcement Section of the Compliance Division contains a notice of hearing dated August 3, 2015, filed with the State Office of Administrative Hearing.
- (3) A certified letter, return receipt requested, and a first class mailing, both containing a notice of hearing addressed to Malindiene E. Jones’ last known address, were deposited in the United States mails.

Copies of the certified and first class mail logs are attached as exhibits A and B.”

Ginger Yocom  
Affiant

SWORN TO AND SUBSCRIBED before me on 30 September, 2015.

(NOTARY STAMP)



Michael W. Jackson  
Notary Public, State of Texas



**Name and Address of Sender**  
 Texas Dept of Insurance  
 Mail Code 110-1A  
 333 Guadalupe St  
 Austin TX 78701  
 August 3, 2015  
 Judy Lopez

**Affix Stamp Here**  
 (if issued as an international certificate of mailing or for additional copies of this receipt). Postmark with Date of Receipt

Check type of mail or service	USPS Tracking/Article Number	Address (Name, Street, City, State, & Zip Code)	Postage
<input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted		Malindiene Jones 3803 Wayne St. Houston, TX 77026-4853  Melissa Ann Fernandez 6914 Aswan Dr. Corpus Christi, TX 78412-4143	

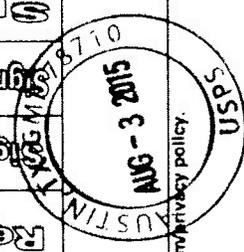
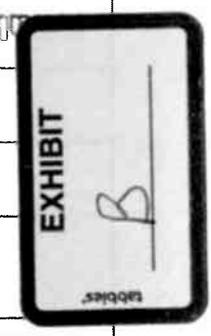
4138

US POSTAGE \$002.70  
 ZIP 78701  
 04112203074

US POSTAGE  
 08/03/2015  
 04112203074

OFFICIAL BUSINESS  
 STATE OF TEXAS  
 PENALTY FOR PRIVATE USE

\$0,000 in value



ASPD Fee	ASR Fee	Due Sender if COD	Insured Value	Actual Value if Registered	Handling Charge	Extra (Extra Service) Fee	RD Fee	RR Fee	SC Fee	SCRO Fee	Special Handling
											Signature Confirmation Restricted Delivery
											Signature Confirmation
											Return Receipt
											Restricted Delivery
											Adult Signature Restricted Delivery
											Signature Required

Total Number of Pieces Listed by Sender

Postmaster, Per (Name of receiving employee)