

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
Petitioner, )  
vs. ) Case No. 11-1045-DIS  
EUGENE PHILLIPS, a licensed bail bondsman in )  
the State of Oklahoma, )  
AND )  
SAFETY NATIONAL CASUALTY )  
CORPORATION, a licensed insurance company )  
in the State of Oklahoma, )  
Respondents. )

FILED  
JAN 27 2012  
INSURANCE COMMISSIONER  
OKLAHOMA

ORDER NUNC PRO TUNC

On this 25 day of January, 2012, this Order Nunc Pro Tunc is entered holding the following:

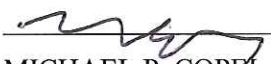
The November 7, 2011 Conditional Administrative Order and Notice of Right to Be Heard issued to Respondents stated the fine amount was “. . . are each fined One Eight Hundred Dollars (\$800.00).” The numeral amount is inconsistent with the written amount. Therefore, it should have read “. . . are each fined One Hundred Eight and No/100 Dollars (\$108.00).

IT IS THEREFORE ORDERED that the portion of November 7, 2011 Conditional Administrative Order and Notice of Right to Be Heard regarding the fine amount is corrected to read “. . . are each fined One Hundred Eight and No/100 Dollars (\$108.00).”

IT IS SO ORDERED this 25 day of Jan, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
MICHAEL P. COPELAND  
Assistant General Counsel  
Oklahoma Insurance Department  
Post Office Box 53408  
Oklahoma City, Oklahoma 73152  
(405) 521-2746 (Phone)  
(405) 522-0125 (Fax)

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing Order Nunc Pro Tunc was mailed postage prepaid on this 27<sup>th</sup> of January, 2012, to:

Jeff Eulberg, Esq.  
925 NW 6<sup>th</sup>  
Oklahoma City, Oklahoma 73106  
Attorney for Respondent

**CERTIFIED MAIL NO:  
7008 1830 0003 9411 8634**

  
MICHAEL P. COPELAND

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent C. Date of Delivery <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Jeff Eulberg, Esq. 925 NW 6th Oklahoma City, OK 73106</p> <p>11-1045-DIS/MPC(mt)OPT</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED OKLAHOMA INSURANCE DEPARTMENT <b>FEB 03 2012</b></p> <p>3. Service Type <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered <input type="checkbox"/> C.O.D. <input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7008 1830 0003 9411 8634</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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**Jeff Eulberg, Esq.**  
 925 NW 6th  
 Oklahoma City, OK 73106  
 11-1045-DIS/MPC(mt)OPT

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JAN 27 2012

OKC OK

PS Form 3800, August 2006

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