

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

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
Petitioner, )  
vs. )  
) )  
VINCENT ERIC BOYD, a licensed bail )  
bondsman in the State of Oklahoma, )  
Respondent. )  
) )  
) )  
) )

CASE NO. 11-1113-DIS

**FILED**  
DEC 07 2011  
INSURANCE COMMISSIONER  
OKLAHOMA

**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 counsel and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code 36 O.S. §§ 101-7004 and the Oklahoma Bail Bond Act 59 O. S. §§ 1301-1340.
2. Respondent Vincent Eric Boyd ("Boyd") is a licensed bail bondsman in the State of Oklahoma holding license number 40107124.

**FINDINGS**

1. On November 16, 2011, Respondent filed with the Insurance Commissioner a paper report for the month of October, 2011, but failed to file an electronic monthly report with the Insurance Commissioner, as required by 59 OS § 1314(B).

**CONCLUSIONS OF LAW**

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B) by failing to file a monthly report electronically with the Insurance Commissioner.

**ORDER**

**IT IS THEREFORE ORDERED that Vincent Eric Boyd is fined Two Hundred Fifty Dollars (\$250.00).**


Respondent is further notified that they 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 Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and state the basis for requesting the hearing.

**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 and the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 6<sup>th</sup> day of December, 2011.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
Michael P. Copeland  
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 SERVICE**

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 7<sup>th</sup> day of December, 2011, to:

Vincent Eric Boyd  
1801 E 46 St N  
Tulsa, OK 74130



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Michael P. Copeland

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

7001 0320 0004 4250 4974



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

Total Po  
 Sent To  
 Street, Ap or PO Box  
 City, State

Vincent Eric Boyd  
 1801 E. 46th St. N.  
 Tulsa, Ok 74130  
 sms/11-1113-DIS/Cond. Ord.

PS Form 3800, January 2001 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:

Vincent Eric Boyd  
 1801 E. 46th St. N.  
 Tulsa, Ok 74130  
 sms/11-1113-DIS/Cond. Ord.

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 Legal Division  
 DEC 12 2011

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Vincent Eric Boyd 12-8-11

D. Is delivery address different from item 1?  Yes  
 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)

7001 0320 0004 4250 4974