

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

**FILED**

DEC 07 2011

INSURANCE COMMISSIONER  
OKLAHOMA

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

CASE NO. 11-1120-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 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 Mary Lou Hart (“Hart”) is a licensed bail bondsman in the State of Oklahoma holding license number 200043.

**FINDINGS**

1. On November 14, 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 Mary Lou Hart is fined Two Hundred Fifty Dollars (\$250.00).**

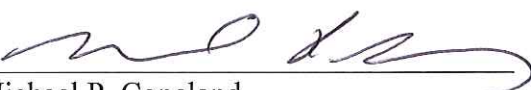
Respondent is further notified that she may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to 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:

Mary Lou Hart  
PO Box 2161  
Stillwater, OK 74076



Michael P. Copeland

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

**OFFICIAL USE**

7001 0320 0004 4250 5148

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
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Sent To: **Mary Lou Hart**

Street, Apt. 1 or PO Box N: **P.O. Box 2161**

City, State, Z: **Stillwater, OK 74076**

**sms/11-1120-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:

Mary Lou Hart  
 P.O. Box 2161  
 Stillwater, OK 74076  
 sms/11-1120-DIS/Cond. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

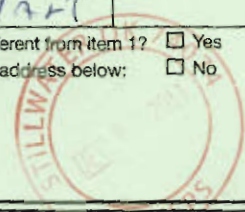
A. Signature  Agent  
 *Mary Lou Hart*  Addressee

B. Received by (*Printed Name*)  Agent  
 *Mary Lou Hart*  Addressee

C. Date of Delivery

RECEIVED BY INSURANCE DEPARTMENT  
 Is delivery different from item 1?  Yes  
 If YES, enter delivery address below:  No

DEC 20 2011



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 5148**

PS Form 3811, February 2004

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