

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

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

FILED

DEC 19 2011

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

CASE NO. 11-1137-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 Cristina R. Alfaro (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200295.

FINDINGS

1. On December 3, 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 O.S. § 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

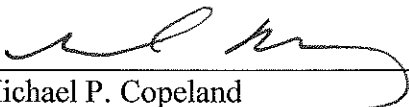
IT IS THEREFORE ORDERED that Cristina R. Alfaro is fined Two Hundred Fifty Dollars (\$250.00).

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 56th 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 31st day following the receipt of the Order and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 13 day of December, 2011.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Michael P. Copeland
Assistant General Counsel
3625 NW 56th 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 19 day of December, 2011, to:

Cristina Alfaro
1511 W Gore Blvd #2
Lawton, OK 73501



Michael P. Copeland



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

7001 0320 0004 2106 4536

OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



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 or PO Box No. _____
 City, State, ZIP+4 _____

Cristina Alfaro
 1511 W. Gore Blvd. #2
 Lawton, OK. 73501
 11-1137-DIS Cond Admin KH

PS Form 3800, January 2001

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:

Cristina Alfaro
 1511 W. Gore Blvd. #2
 Lawton, OK. 73501
 11-1137-DIS Cond Admin KH

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Michele England 12-20-11

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

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DEC 28 2011

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540