



3. On December 21, 2010, the Department mailed a letter to Respondent, via certified mail with return receipt requested, informing him of the unpaid check and the \$25.00 service fee being assessed. (Exhibit "C"). Respondent received the letter on December 27, 2010. The letter also instructed that \$285.84 for the amount of the check and \$25.00 for the service fee, for a total of \$310.84, be paid to the Department by cashier's check or money order within five (5) days of receipt of the letter.

4. Respondent submitted a money order in the amount of \$310.84 on January 18, 2011.

### **CONCLUSION OF LAW**

Respondent acted in violation of 59 O.S. § 1310(A)(27) by uttering an insufficient check to the Insurance Commissioner.

### **ORDER**

**IT IS THEREFORE ORDERED that Respondent is fined in the amount of Two Hundred Fifty Dollars (\$250.00).**

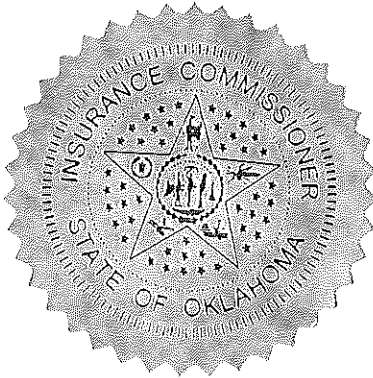
Respondent is further notified that he may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Natasha M. Scott, 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. **Such written request shall include an explanation of Respondent's actions described herein and any defenses thereof.**

**If Respondent does not request a hearing within the 30 days allotted, this Order shall be a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order, and the fine ordered**

herein shall be due to the Oklahoma Insurance Department.

WITNESS My Hand and Official Seal this 25<sup>th</sup> day of April, 2011.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA



Natasha M. Scott

Natasha M. Scott  
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 25th day of April, 2011, to:

James Manuel, Jr.  
Hot Rod Bail Bonds  
1209 S. Main  
Stillwater, OK 74076

Natasha M. Scott

Natasha M. Scott

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7008 1830 0003 9411 5350

**OFFICE**



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

Total Postage

Sent To  
Street, Apt. 1 or PO Box #  
City, State, ZIP

James Manuel, Jr  
Hot Rod Bail Bonds  
1209 S. Main  
Stillwater, Ok 74076  
sms/11-0149-DIS/Cond.Ord.

PS Form 3800, August 2006 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:

James Manuel, Jr.  
Hot Rod Bail Bonds  
1209 S. Main  
Stillwater, Ok 74076  
sms/11-0149-DIS/Cond.Ord.

2. Article Number  
(Transfer from service label)

7008 1830 0003 9411 5350

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X P. Hatcher*

B. Received by (Printed Name) *P. Hatcher* C. Date of Delivery

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



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

HOT ROD BAIL BONDS  
1209 S MAIN  
STILLWATER, OK 74076

2395  
96-8581/3031

PAID TO THE  
ORDER OF

William W. Dept.

11/15/10

Date

Two thousand eight hundred and eighty four dollars

\$2885.84

Security  
Services  
Dept.  
OK

UNIVERSITY  
& Community  
FEDERAL CREDIT UNION

Ryan Conner

For Political Fees from Patricia

James Manuel

MP

INV # 354442 11-25-10

EXHIBIT  
"A"  
tabbles

James Manuel	USFIC	10/10	27.17
Connie Manuel		10/10	102.89
Ryan Manuel			55.70
Patricia Thatcher			100.08

RECEIVED BY  
AGENT LICENSING

DEC 21 2010

OKLAHOMA  
INSURANCE DEPARTMENT



Scott Meacham  
Oklahoma State Treasurer

AGENCY: 1385

RE: Charge Back

The following item has been charged back to your account:

Name on check : HOT ROD BAIL BONDS

Check # : 2395

Amount : \$285.84

Type : A

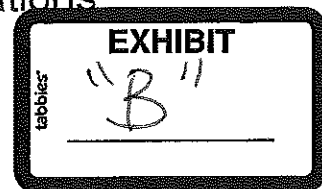
On : 12/7/2010

This item will appear on your monthly statement with the assigned

Charge Back # : 3483

Please sign, date and return your envelope to this office.

Banking Operations



2300 North Lincoln Blvd., Room 217, Oklahoma City, Oklahoma 73105-4895 Phone: (405)521-3191 Fax: (405)522-4508

10322 33499012021  
Dept 216 Bail

cf copy recvd by: Anna Jensen

12-21-10

3483

\*103003632\*  
12/01/2010  
0066294674

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON (A)  
NSF

0102/10/21 12/01/2010  
0066294674  
0066294674

NSF

\*103003632\*  
11/18/2010  
0098285850

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON (A)  
NSF

0102/RT/TT 11/18/2010  
0098285850

NSF

HOT ROD HAIL BONDS  
1209 S MAIN  
STILLWATER, OK 74076

2395  
06-2581/2001

11/15/10

DAY TO THE ORDER OF Chickasha Ins Dept \$ 875.84

Two Hatched Eight Holes + 87/105 Dollars

UNIVERSITY  
& Community  
FEDERAL CREDIT UNION

PRESENT AGAIN  
A. CAS/ITEL

Pat Conner  
James Patton

42091000303

\*103003632\*  
11/18/2010  
0098285850

ONLY 11/16/10 OK INS DEPT 1385  
>103003632< 11/18/2010

103003632  
0098285850

11/29/2010

1032233499012

Do not endorse or write below this line. ↓

↓ Do not endorse or write below this line. ↓

1385



**Kim Holland**  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

December 21, 2010

JAMES MANUEL JR License No. 200341  
1209 S MAIN ST  
STILLWATER OK 74074-5846

Via certified mail 7010 0290 0000 3265 9976

RE: Insufficient Funds Check  
Check number – 2395  
Check amount – \$285.84  
Check date – November 15, 2010  
Amount Due – \$310.84

Dear JAMES MANUEL JR:

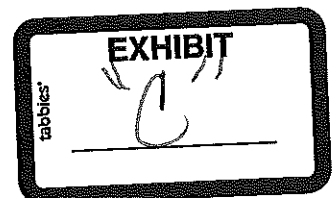
The above check was returned by your bank as insufficient. Submitting an insufficient check to the Oklahoma Insurance Department is a violation of the Bail Bond Code. See 59 O.S. §1310(A)(27). The Oklahoma Insurance Department charges a twenty five dollar (\$25.00) service fee on all insufficient funds checks. You must submit a money order or cashier's check for the amount of the check and the twenty-five dollar (\$25.00) service fee within five days from receipt of this letter.

**You must submit a copy of this letter with your payment.**

Sincerely,

A handwritten signature in cursive script that reads "Anna Denman".

Anna Denman  
Sr Licensing Administrator  
Producers Licensing Division  
(405) 521-6612 -





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**OFFICIAL RECEIPT**  
**BALEBOND DEPARTMENT**

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

Postmark  
**DEC 22 2010**  
 OK 73108

Sent To  
 Street, Apt. No.,  
 or PO Box No. **James Manuel Jr**  
 City, State, ZIP+4 **CK 2395 / ad**

PS Form 3800, August 2006 See Reverse for Instructions

7010 0290 0000 3265 9976

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 type="checkbox"/> Addressee</p> <p><i>x P. Thatcher</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> OK <input type="checkbox"/> No <span style="float: right;">C. Date of Delivery</span></p> <p><i>P. Thatcher</i> <span style="float: right;"><b>12/27/10</b></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below</p> <p style="text-align: center;"><b>DEC 27 2010</b> USPS</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>JAMES MANUEL JR</b>  <b>1209 S MAIN ST</b>  <b>STILLWATER OK 74074-5846</b>  <b>CK 2395/ad</b></p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label)</p> <p style="text-align: center;">7010 0290 0000 3265 9976</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>