

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

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK,)	
Insurance Commissioner,)	
)	
)	
Petitioner,)	
vs.)	CASE NO. 11-0151-DIS
)	
)	
TRACY ANN BIAS, a licensed bail bondsman in)	
the State of Oklahoma,)	
)	
Respondent.)	

FILED

APR 25 2011

**CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD**

**INSURANCE COMMISSIONER
OKLAHOMA**

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. Tracy Ann Bias ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 40080415.

FINDINGS OF FACTS

1. On or about November 15, 2010, Respondent submitted check number 1526 to the Oklahoma Insurance Department ("Department") in the amount of \$356.87 for payment of October 2010 renewal fees. (Exhibit "A").

2. The check was returned to the Department by the Oklahoma State Treasurer as a charge back to the Department's account because there were insufficient funds in the account upon which the check was drawn. (Exhibit "B").

3. On December 14, 2010, the Department mailed a letter to Respondent, via certified mail with return receipt requested, informing her of the unpaid check and the \$25.00 service fee being assessed. (Exhibit "C"). Respondent received the letter on December 17, 2010. The letter also instructed that \$356.87 for the amount of the check and \$25.00 for the service fee, for a total of \$381.87, 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 \$381.87 on December 30, 2010.

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 she 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 56th 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 31st 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 25th day of April, 2011.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Natasha M. Scott", written over a horizontal line.

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

Tracy Ann Bias
601 N. Walker Ave., Suite 104
Oklahoma City, OK 73102-1643

A handwritten signature in black ink, appearing to read "Natasha M. Scott", written over a horizontal line.
Natasha M. Scott

EXHIBIT

tabbles

1526

BF-881 TV/S031

BILLY D'S BAIL BONDS

405-236-2050
601 N WALKER SUITE 104
OKLAHOMA CITY, OK 73102

DATE

11-15-10

OID

Three hundred fifty-six

\$ 356.87

PAY TO THE ORDER OF

8/100

DOLLARS



Security Features
Check



BANKWEST

Edmond Office
1101 N. SANDY CREEK AVE
EDMOND, OK 73043-4340
1-800-488-2265

FOR Review / fees

Max Biaz

11-17-10

Review

10/10

TRACY BIAS SNCC

RECEIVED BY
AGENT LICENSING

DEC 01 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 : BILLY D'S BAIL BONDS
Check # : 1526
Amount : \$356.87
Type : A
On : 12/1/2010

This item will appear on your monthly statement with the assigned

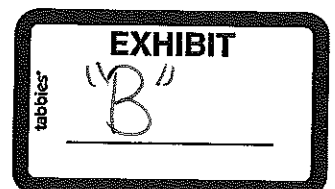
Charge Back # : 3412

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

1032133499012070
Dept 216 - Bail



103003632
11/22/2010
0041142610

NSNSF

3412

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

0103003632
11/22/2010
0041142610
0103003632

BILLY D'S BAIL BONDS 405-235-2000 601 N WALKER SUITE 101 OKLAHOMA CITY, OK 73102		1526 00-0011/0011
DO NOT PRESENT / PAID AS A CHECK		DATE <u>11-15-10</u>
PAY TO THE ORDER OF	<u>010</u>	\$ <u>356.87</u>
<u>Three hundred fifty-six</u>		<u>87/100</u> DOLLARS
BANKWEST		
FOR <u>review fees</u>		<u>Mac, B...</u>

000000000000
 0103003632
 11/22/2010
 0041142610
 NSNSF
 0103003632
 11/22/2010
 0041142610

1385

Do not endorse or write below this line.



Kim Holland
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

COPY

December 14, 2010

Tracy Ann Bias License No. 40080415
601 N WALKER AVE STE 104
OKLAHOMA CITY OK 73102-1643
Via certified mail 7010 0290 0000 3266 0002

RE: Insufficient Funds Check
Check number – 1526
Check amount -- \$356.87
Check date – November 15, 2010
Amount Due -- \$381.87

Dear Tracy Ann Bias:

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) 521-6610

BBD/NSF Letter to BB



7010 0290 0000 3266 0002

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

For delivery information, visit our website at www.usps.com

OFFICIAL USE
BASE BOND DEPARTMENT

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

Sent To
 Street, Apt. No., or PO Box No. **Tracy Bias**
 City, State, ZIP+4 **Ok 1526/ ad**

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:

Tracy Ann Bias
601 N WALKER AVE STE 104
OKC OK 73102-1643
Ck 1526 /ad

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Tracy Bias*

B. Received by (Printed Name) **Tracy Bias** C. Date of Delivery **12-17-10**

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

2. Article Number (Transfer from service label) **7010 0290 0000 3266 0002**



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

For delivery information visit our website at www.usps.com

OFFICIAL USE

E4E5 TTH6 E000 DEPT 9002



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

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zi

Tracy Ann Bias
 601 N. Walker Ave., Suite 104
 OKC, Ok 73102-1643
 sms/11-0151-DIS/Cond. Ord.

PS Form 3800, August 2006 See Reverse for Instructions

Oklahoma Insurance Department
 Legal Division
 5 Corporate Plaza
 3625 NW 56th Street, Suite 100
 Oklahoma City, OK 73112

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 JUN 02 2011
 Legal Division

Handwritten: CD 4-24-11 115201

CERTIFIED MAIL™



7008 1A3D 0003 9411 5343

Tracy Ann Bias
 601 N. Walker Ave., Suite 104
 OKC, OK 73102-1643

Handwritten: 2nd 8/12 RET



U.S. POSTAGE® PRIORITY MAIL
 ZIP 73112 \$ 005.79
 02 1M
 0001363374 APR 25 2011

7311204511

NIXIE 731 DE 1 00 09/30/11
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 731120451125 *2457-01777-28-47

PLACE STICKERS AT TOP OF ENVELOPE TO THE RIGHT OF THE POSTAGE AND THE RETURN ADDRESS FROM AN ADDITIONAL \$0.40

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:

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
JUN 02 2011

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

Tracy Ann Bias
 601 N. Walker Ave., Suite 104
 OKC, Ok 73102-1643
 sms/11-0151-DIS/Cond.Ord.

2. Article Number
(Transfer from service label)

7008 1830 0003 9411 5343

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

is delivery address different from item 1? Yes No

YES
RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

JUN 02 2011

4. Restricted Delivery? (Extra Fee) Yes No

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

For delivery information visit our website (www.usps.com)

OFFICIAL USE



Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

Sent To

Street, Apt. No. or PO Box No.

City, State, Zi

Tracy Ann Bias
 601 N. Walker Ave., Suite 104
 OKC, Ok 73102-1643
 sms/11-0151-DIS/Cond.Ord.

PS Form 3800, August 2006

See reverse for Instructions

7008 1830 0003 9411 5343