

3. On May 9, 2011, the Department mailed a letter to Respondent, via certified mail with return receipt requested, informing her of the unpaid check and the assessment of the \$25.00 service fee. (Exhibit "C"). The letter also instructed that \$126.90 for the amount of the check and \$25.00 for the service fee, for a total of \$151.90, be paid to the Department by cashier's check or money order within five (5) days of receipt of the letter. The letter was received by Respondent on May 16, 2011.

4. Respondent submitted a money order in the amount of \$152.00 on May 18, 2011. (Exhibit "D").

CONCLUSION OF LAW

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

ORDER

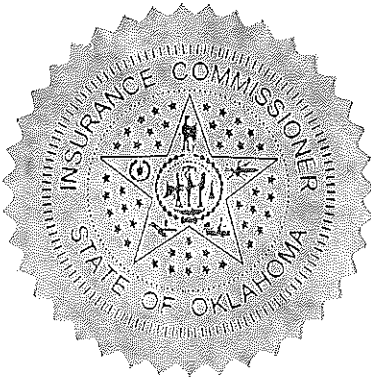
IT IS THEREFORE ORDERED that Respondent is fined in the amount of Four Hundred Dollars (\$400.00).

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 30th day of August, 2011.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Natasha M. Scott". The signature is written in a cursive style and is positioned above 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 30th day of August, 2011, to:

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

A handwritten signature in black ink that reads "Natasha M. Scott". The signature is written in a cursive style and is positioned above a horizontal line.

Natasha M. Scott

7008 1830 0003 9410 9250

Sent To
Street, Apt.
or PO Box
City, State

Tracy Ann Bias
601 N. Walker, Suite 104
OKC, OK 73102-1643
sms/11-0636-DIS/Cond. Ord.

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

MARTIN LUTHER KING
AUG 03 2011

Postmark
Here

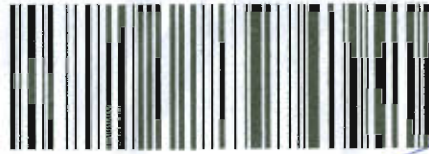
PS Form 3800, August 2005

See Reverse for Instructions

OFFICIAL USE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.

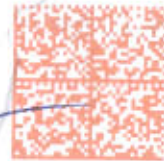
CERTIFIED MAIL™



7008 1830 0003 9410 9250



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



U.S. POSTAGE PITNEY BOWES
ZIP 73112 \$ 005.79⁰
02 1W
0001363374 AUG 03 2011

Bias601

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

AUG 18 2011

Legal Division

NIXIE 791 DE 1 QQ 08/16/11

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 73112451125 *2457-04664-05-44



73102-1643

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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, Suite 104
 OKC, OK 73102-1643
 sms/11-0636-DIS/Cond. Ord.

2. Article Number
(Transfer from service label)

7008 1830 0003 9410 9250

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X

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

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

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

4. Restricted Delivery? (*Extra Fee*) Yes

4987A

100003632
04/22/2011
0041644580

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

NSNSF

0091059070
1102/61/40 1229E000E071

BILLY D'S BAIL BONDS
402-222-2000
601 HWY 1031 SUITE 104
OKLAHOMA CITY, OK 73102

1547
11-0111001

DO NOT PRESENT AGAIN
AS A CASH ITEM

DATE 4-15-11

PAY TO THE ORDER OF ONE hundred Twenty-six 90/100 \$ 126.90 DOLLARS

BANKWEST
FOR Lawrence / Tracy Bae 311 Chris P...

001647 *303188111* 403069297*

0016471141303188111

403069297* 0000012690*

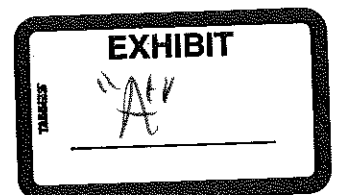
107001003201460

1102/61/40 1229E000E071

DEP ONLY 04-15-11 01 THE LEFT 1535

Date:04-27-2011 Serial:1647 TR:303188111 Amount:\$126.90 Account:403069297 DepAcct:1010502011

1385



OKLAHOMA INSURANCE DEPARTMENT
Bail Bond Division

P.O. Box 53408
 Oklahoma City, Oklahoma 73152-3408
 (405) 521-6610

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

MONTHLY SURETY BONDSMAN REPORT
 For the month ending March, 2007. APR 19 2011
 BAIL BOND

Name: Tracy Bias License Number: _____
 Address: 277 N. Mustang + 203 OKC 73127 Phone Number: _____
 Resident County: OKC
 Other Counties License Filed In: OKC - Can
 Managing General Agent Name: Duane Goodby
 SURETY COMPANY: Surety
 Agent's Liability by Contract: ALL
 Build Up Fund is Maintained & Located at: _____

1.	Current Beginning Liability (Balance Brought Forward):	\$	<u>1,143,054</u> ✓
2.	New Bonds Written This Month:		
	<u>OK - CO</u>	\$	<u>84,500</u>
	<u>MUN</u>		<u>4750</u>
	_____		_____
	_____		_____
2a.	Total New Bonds Written:	\$	<u>89,450</u>
3.	Bonds Discharged This Month:		
	<u>OK - CO</u>	\$	<u>73,000</u>
	<u>MUN</u>		<u>2,000</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
3a.	Total Bonds Discharged:	\$	<u>75,000</u>
4.	Total Remaining Outstanding Liability (Line 1 - Line 2a - Line 3a)	\$	<u>1,158,144</u>
5.	Premium Charged	\$	_____
6.	Total Liabilities Collateralized This Month	\$	_____
7.	Balance in Build Up Fund Last Report	\$	_____
8.	Contributions to Build Up Fund This Report	\$	_____
9.	Total Balance in Build Up Fund	\$	_____

REVIEWAL FEE DUE:
 If no rewrites, use page SRI, Line 2a x .002 -or-
 If rewrite pages attached, use page RW, Line 4 x .002

Tracy Bias 4-15-11 Tracy Bias
 Surety Bondsman's Signature Date Name of Person Preparing Report (print or type)

I, Tracy Bias surety bondsman, acknowledge that the attached report for the month and year of _____, 2007, consisting of _____ pages, is true and accurate and reports all bonds written and discharged during the above month.

State of Oklahoma
 County of Oklahoma
 Signed and sworn before me this 15th day of April, 2007. (Seal)

Duane Goodby
 Notary Public My Commission Expires 3/25/11
 My Commission # _____

Enclosed Check # 1647 in the amount of \$ 126.90 ✓



BBD-11-0012



RECEIVED BY
AGENT LICENSING

MAY 06 2011

OKLAHOMA
INSURANCE DEPARTMENT

Ken Miller
Oklahoma State Treasurer

AGENCY: 1385

RE: Charge Back

The following item has been charged back to your account:

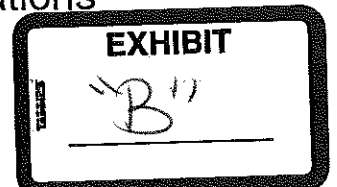
Name on check : BILLY D'S BAIL BONDS
 Check # : 1647
 Amount : \$126.90
 Type : A
 On : 5/2/2011

This item will appear on your monthly statement with the assigned

Charge Back # : 4987

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

1110933499012125
Dept 216 Bail Bonds

copy rec'd by: at
Date: 5-6-11



OKLAHOMA INSURANCE DEPARTMENT
STATE OF OKLAHOMA

May 9, 2011

TRACY ANN BIAS LICENSE NO. 40080415
217 N HARVEY AVE STE 203
OKLAHOMA CITY OK 73102-3803

Via certified mail 7010 1870 0001 8500 4705

RE: Insufficient Funds Check
Check number – 1647
Check amount – \$126.90
Check date – April 15, 2011
Amount Due – \$151.90

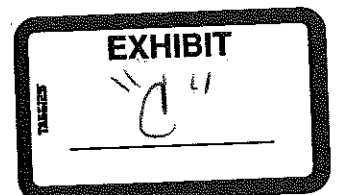
Dear Tracy Ann Bias:

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,

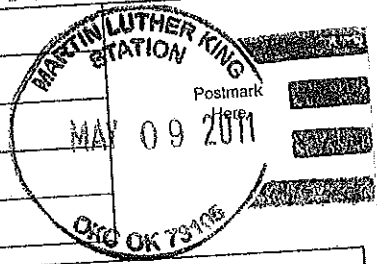
Anna Denman
Sr Licensing Administrator
Licensing Division
(405) 521-6612



7010 1870 0001 8500 4705

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

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



OFFICIAL USE

Sent To
 Street, Apt. No., or PO Box No. **Tracy Ann Bias**
BBD-11-0011/ad
 City, State, ZIP+4

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
217 N HARVEY AVE STE 203
OKLAHOMA CITY OK 73102
BBD-11-0011/ad

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Tracy Bias Addressee

B. Received by (Printed Name) **Tracy Bias**

C. Date of Delivery **5-16-11**

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

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

4. Restricted Delivery? (Extra Fee) Yes



REC#
0972

OKLAHOMA INSURANCE DEPARTMENT
STATE OF OKLAHOMA

May 9, 2011

TRACY ANN BIAS LICENSE NO. 40080415
217 N HARVEY AVE STE 203
OKLAHOMA CITY OK 73102-3803

Via certified mail 7010 1870 0001 8500 4705

RE: Insufficient Funds Check
Check number – 1647
Check amount – \$126.90
Check date – April 15, 2011
Amount Due – \$151.90

RECEIVED
FRONT DESK

MAY 17 2011

OKLAHOMA INSURANCE DEPT.

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,

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

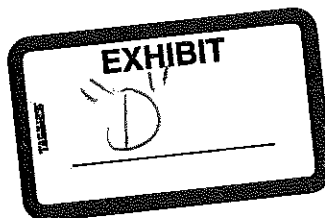
RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

MAY 18 2011

Agent Licensing Division

126.90 Renewal Fee

25.00 Service Fee
10.00 overpayment



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND AND A MICROPRINT LINE



INTERNATIONAL
MONEY ORDERS
1-877-878-8807

7002880337

86-490
1031

Convenience EXPRESS

Not Valid Over \$300.00 U.S. Dollars
7002880337

MONEY ORDERS, LLC

FILL IN BEFORE LEAVING PREMISES
NOT VALID OVER
THREE HUNDRED U.S. DOLLARS

DOLLARS DOLLARS DOLLARS DOLLARS DOLLARS
PAY ONLY 152 00 FIVE TWENTY TWO DOLLARS AND NO CENTS
DOLLARS DOLLARS DOLLARS DOLLARS DOLLARS

Payable Through
Bank First
Stratford, CT



Pay ~~NO *****~~ ONE HUNDRED FIFTY TWO DOLLARS AND NO CENTS
\$ 9 5/17/2011 2:34:31 PM 955852-1 VOID OVER \$152.00
NOT VALID OVER THREE HUNDRED U.S. DOLLARS NOT VALID OVER THREE HUNDRED U.S. DOLLARS

Cashier Read Time On Reverse
MP

Pay To OLD
BY SIGNING, PURCHASER AGREES TO BE BOUND BY THE TERMS AND CONDITIONS AND SERVICE CHARGE AS SET FORTH ON THE PURCHASER'S RECEIPT
Purchaser's Name Tracy Bias Address 217 N. Harvey St #203
SIGNER FOR DRAWER acc. # 73102 M 96333 R

⑆103104900⑆ 3945 7002880337⑈

RECEIVED BY
AGENT LICENSING
MAY 18 2011
OKLAHOMA
INSURANCE DEPARTMENT