



submit the report.

3. On January 21, 2011, by certified letter with return receipt requested, the Department informed Respondent that his October and November 2010 monthly surety bondsman reports had not been received. (Exhibit "B"). Respondent received the letter on January 24, 2011 but did not submit the reports.

4. On February 11, 2011, by certified letter with return receipt requested, the Department informed Respondent that his December 2010 monthly surety bondsman report had not been received. (Exhibit "C"). Respondent received the letter on February 14, 2011 but did not submit the report.

5. On March 2, 2011, by certified letter with return receipt requested, the Department again informed Respondent that his monthly surety bondsman reports for September, October, November, and December of 2010 and January of 2011 had not been received. (Exhibit "D"). Respondent received the letter on March 3, 2011, but to date, none of the referenced reports have been filed with the Department.

#### **CONCLUSION OF LAW**

Respondent has acted in violation of 59 O.S. § 1314(B), which requires that every licensed bondsman file a monthly report with the Insurance Commissioner by the fifteenth day of each month. Respondent has also acted in violation of 365:25-5-36 of the Oklahoma Administrative Code, which requires that bail bondsmen submit monthly reports for each type of license held, even if no bonds have been written for the reporting month.

#### **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, the fine ordered herein shall be due to the Oklahoma Insurance Department, and the unfiled monthly surety bondsman reports referenced herein shall be filed.**

WITNESS My Hand and Official Seal this 5<sup>th</sup> day of August, 2011.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

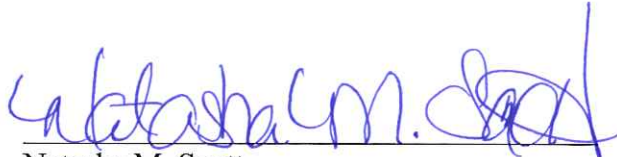
A handwritten signature in blue ink, appearing to read "Natasha M. Scott".

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 5th day of August, 2011, to:

Christopher Nicolas  
301 N. Denver Ave.  
Tulsa, OK 74103-1419

  
\_\_\_\_\_  
Natasha M. Scott

7008 1830 0003 9410 9328

**CERTIFIED MAIL™**



7008 1830 0003 9410 9328



U.S. POSTAGE **FITNEY BOWES**



ZIP 73112 \$ 006.43<sup>0</sup>  
02 1W  
0001363374 AUG 08 2011

PS Form 3800, August 2006

See Reverse for Instructions

Sent to  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

Christopher Nicolas  
301 N. Denver Ave.  
Tulsa, OK 74103-1419  
sms/11-0637-DIS/Cond. Ord.

Total Postage

Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

Postage \$

Postmark  
AUG 08 2011  
Tulsa, OK

OK OK 73112

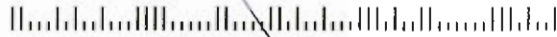
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RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT

AUG 16 2011

Legal Division



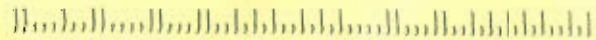
Christopher Nicolas  
301 N. Denver Ave.  
Tulsa, Ok 74103-1419

NIXIE 741 SE 1 06 08/13/11

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 73112451125 \*0157-04962-08-42

73112@4511



PLEASE RETURN ADDRESS, FOLIO AT DOTTED LINE

CLOSED  
8/9

15:57





**Kim Holland**  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

November 5, 2010

Christopher Dale Nicolas  
301 N DENVER AVE  
TULSA OK 74103-1419

Via certified mail 7010 0290 0000 3266 2204

RE: Failure to File Monthly Report(s)  
Sep 2010 Simplified Surety

Dear Christopher Dale Nicolas:

The Oklahoma Insurance Department, Bail Bond Division, has not received the above report(s). Pursuant to 59 O.S. §1314(B) and OAC 365:25-5-36, every licensed bondsman shall file monthly by mail with return receipt requested with the Insurance Commissioner and on forms prescribed by the Commissioner a notarized monthly report.

**DEADLINE TO RESPOND IS November 10, 2010.** If there is no response by this date, this matter will be referred to our Legal Division with a request for disciplinary action.

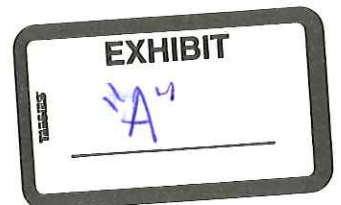
If you have any questions you may contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Joy Jones".

Joy Jones  
Bail Bond Division  
(405) 522-5377

BBD/Report Failure to File

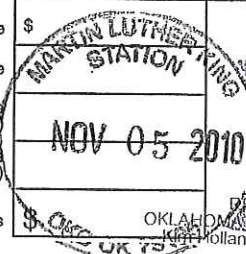


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**OFFICIAL MAIL BOND DEPARTMENT**

7010 0290 0000 3266 2204

Postage \$			Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$0.00		RECEIVED OKLAHOMA INSURANCE DEPT KERR HOLLAND, Commissioner

*No file*

**CHRISTOPHER NICOLAS**  
 301 N DENVER AVE  
 TULSA OK 74103-1419

NOV 08 2010  
 Bail Bond Division

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:

**CHRISTOPHER NICOLAS**  
 301 N DENVER AVE  
 TULSA OK 74103-1419

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *11/8/10*

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

NOV 10 2010  
 Bail Bond Division

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 2204**

**CHRISTOPHER NICOLAS**  
 301 N DENVER AVE  
 TULSA OK 74103-1419





OKLAHOMA INSURANCE DEPARTMENT  
STATE OF OKLAHOMA

January 21, 2011

Christopher Dale Nicolas  
301 N DENVER AVE  
TULSA OK 74103-1419

Via certified mail 7010 0290 0000 3266 1528

RE: Failure to File Monthly Report(s)  
October and November 2010 Simplified Surety

Dear Christopher Dale Nicolas:

The Oklahoma Insurance Department has not received the above report(s). Pursuant to 59 O.S. §1314(B) and OAC 365:25-5-36, every licensed bondsman shall file monthly by mail with return receipt requested with the Insurance Commissioner and on forms prescribed by the Commissioner a monthly report.

**DEADLINE TO RESPOND IS January 28, 2011.** If there is no response by this date, this matter will be referred to our Legal Division with a request for disciplinary action.

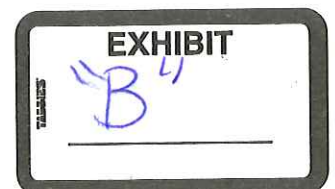
If you have any questions you may contact our office.

Sincerely,

A handwritten signature in cursive script that reads "J. Jones".

Joy Jones  
Bail Financial Division  
(405) 522-5377

BBD/Report Failure to File



**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:

Christopher Dale Nicolas  
301 N DENVER AVE  
TULSA OK 74103-1419

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *John Peck*  Addressee

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  
John

JAN 28 2011

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7010 0290 0000 3266 1528

Domestic Return Receipt

102595-02-M-1540

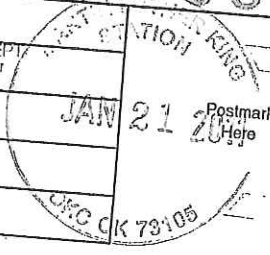
PS Form 3811, February 2004

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7010 0290 0000 0620 0702  
7010 0290 0000 3266 1528

Postage RECEIVED \$	
OKLAHOMA INSURANCE DEPT Kim Holland, Commissioner	
Return Receipt Fee (Endorsement Required)	2011
Restricted Delivery Fee (Endorsement Required)	
Bail Bond Div	
Total Postage & Fees \$	



Christopher Dale Nicolas  
301 N DENVER AVE  
TULSA OK 74103-1419

PS Form 3800, August 2006

See Reverse for Instructions



Search USPS.com or Track Packages

Quick Tools

Ship a Package

Send Mail

Manage Your Mail

Shop

Business Solutions

## Track & Confirm

You entered: 70100290000032661528

**Status: Delivered**

Your item was delivered at 5:11 pm on January 24, 2011 in TULSA, OK 74103.  
Additional information for this item is stored in files offline.

Additional Information for this item is stored in files offline. You may request that the additional information be retrieved from the archives, and that we send you an e-mail when this retrieval is complete. Requests to retrieve additional information are generally processed within four hours. This information will remain online for 30 days.

I would like to receive notification on this request

Restore

### Find Another Item

What's your label (or receipt) number?

Find

#### LEGAL

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- [FOIA >](#)
- [No FEAR Act EEO Data >](#)

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OKLAHOMA INSURANCE DEPARTMENT  
STATE OF OKLAHOMA

February 11, 2011

Christopher Dale Nicolas  
301 N DENVER AVE  
TULSA OK 74103-1419

Via certified mail 7010 0290 0000 3266 1504

RE: Failure to File Monthly Report(s)  
December 2010 Simplified Surety

Dear Christopher Dale Nicolas:

The Oklahoma Insurance Department has not received the above report(s). Pursuant to 59 O.S. §1314(B) and OAC 365:25-5-36, every licensed bondsman shall file monthly by mail with return receipt requested with the Insurance Commissioner and on forms prescribed by the Commissioner a monthly report.

**DEADLINE TO RESPOND IS February 18, 2011.** If there is no response by this date, this matter will be referred to our Legal Division with a request for disciplinary action.

If you have any questions you may contact our office.

Sincerely,

Joy Jones  
Bail Financial Division  
(405) 522-5377

BBD/Report Failure to File



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**BAIL BOND DEPARTMENT**

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

Return Receipt RECEIVED  
 (Endorsement Required) JOHN DOAK, Insurance DEPT  
 Commissioner

John Doak, Commissioner

Christopher Dale Nicolas  
 301 N DENVER AVE  
 TULSA OK 74103-1419

PS Form 3800, August 2006 See Reverse for Instructions

7010 0290 0000 3266 1504

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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><i>John Doak</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>John Doak</i> <span style="float: right;">FEB 14 2011</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">FEB 17 2011</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Christopher Dale Nicolas          301 N DENVER AVE          TULSA OK 74103-1419</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <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 3266 1504</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Christopher Dale Nicolas  
 301 N DENVER AVE  
 TULSA OK 74103-1419



OKLAHOMA INSURANCE DEPARTMENT  
STATE OF OKLAHOMA

March 2, 2011

Christopher Dale Nicolas  
301 N DENVER AVE  
TULSA OK 74103-1419

Via certified mail 7010 1870 0001 8499 9675

RE: Failure to File Monthly Report(s) Final  
Simplified Surety Reports Sep, Oct, Nov, Dec 2010 and Jan 2011

Dear Christopher Dale Nicolas:

The Oklahoma Insurance Department has not received the above report(s). Pursuant to 59 O.S. §1314(B) and OAC 365:25-5-36, every licensed bondsman shall file monthly by mail with return receipt requested with the Insurance Commissioner and on forms prescribed by the Commissioner a monthly report.

**DEADLINE TO RESPOND IS March 15, 2011.** If there is no response by this date, this matter will be referred to our Legal Division with a request for disciplinary action.

If you have any questions you may contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Joy Jones".

Joy Jones  
Bail Financial Division  
(405) 522-5377  
BBD/Report Failure to File



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7010 1870 0001 8499 9675

**OFFICIAL MAIL**  
 BAIL BOND DEPARTMENT

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

**MAR 02 2011**  
 USPS OKC OK  
 73105

RECEIVED  
 OKLAHOMA INSURANCE DEPT  
 John Doak, Commissioner

Christopher Dale Nicolas  
 301 N DENVER AVE  
 TULSA OK 74103-1419

**MAR 07 2011**

Financial Division

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:

Christopher Dale Nicolas  
 301 N DENVER AVE  
 TULSA OK 74103-1419

*FINAL*

2. Article Number  
 (Transfer from service label)

7010 1870 0001 8499 9675

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

*M. Doak* RECEIVED **3-3-11**  
 OKLAHOMA INSURANCE DEPT  
 John Doak, Commissioner

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

**MAR 08 2011**

Financial Division

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

4. Restricted Delivery? (Extra Fee)  Yes

Christopher Dale Nicolas  
 301 N DENVER AVE  
 TULSA OK 74103-1419

7008 1830 0003 9410 9328

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**OFFICIAL USE**

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

Sent To

Christopher Nicolas  
301 N. Denver Ave.  
Tulsa, Ok 74103-1419  
sms/11-0637-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 if space permits.

1. Article Addressed to:

Christopher Nicolas  
301 N. Denver Ave.  
Tulsa, Ok 74103-1419  
sms/11-0637-DIS/Cond. Ord.

2. Article Number  
(Transfer from service label)

**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  No

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

RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT  
AUG 19 2011

7008 1830 0003 9410 9328



9/21/11



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

**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  
 SEP 12 2011  
 Christopher Nicolas  
 301 N. Denver Ave.  
 Tulsa, Ok 74103-1419  
 sms/11-0637-DIS/Cond. Ord. Legal Division

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

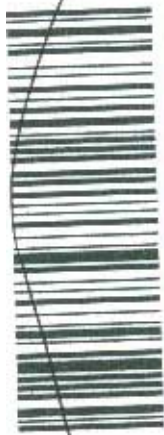
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)  
 7008 1630 0003 9411 4155  
 PS Form 3811, February 2004 Domestic Return Receipt

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

  
NOT DELIVERABLE  
AS ADDRESSED,  
UNABLE TO FORWARD

CERTIFIED MAIL™



7008 1830 00-3 9411 4155

*Christopher Nicolas*  
Christopher Nicolas  
11 N Denver Ave  
Tulsa, OK 74103-1419



U.S. POSTAGE  PTTNE BOWEN  
ZIP 73112  
02 1W 3 74  
\$05.99  
2011