

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

FILED
DEC 23 2014
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 14-1225-DIS
SHANTERRIAL ADAMS, a licensed bail)	
bondsman in the State of Oklahoma,)	
Respondent.)	

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. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.
2. Respondent Shanterrial Adams (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40084227.

FINDINGS OF FACT

1. Respondent submitted her October 2014 American Surety Company (“ASC”) and October 2014 Crum & Forster Indemnity Company (“CFIC”) reports to the Oklahoma Insurance Department (the “Department”) on Thursday, November 20, 2014 — 3 days after the reports were due on Monday, November 17, 2014.
2. Respondent has previously submitted her ASC and CFIC reports to the Department untimely on three (3) prior occurrences.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A) (24) for failing to file a report as required by Section 1314.

2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

ORDER

IT IS THEREFORE ORDERED that Shanterrial Adams is **CENSURED** and **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 Dan R. Byrd, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., 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.

WITNESS My Hand and Official Seal this 23rd day of December, 2014.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



A handwritten signature in black ink, appearing to read "Dan R. Byrd", written over a horizontal line.

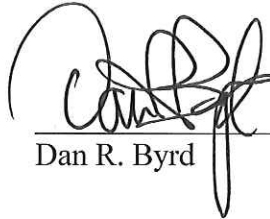
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

CERTIFICATE OF MAILING

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 23rd day of December, 2014, to:

Shanterrial Adams
9031 E. 40th St.
Tulsa, OK 74145-3714

**CERTIFIED MAIL NO:
7014 0150 0001 9588 9073**



Dan R. Byrd

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

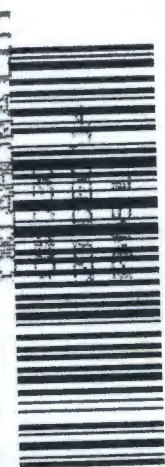
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total Postage & I **Shanterrial Adams**
 9031 E. 40TH St.
 Tulsa, OK 74145-3714
 Street, Apt. No., or PO Box No. **14-1225-DIS/DRB(mt)**
 City, State, ZIP+4 **(Cond.Adm.Ord. ~12-23-14)**

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™



7014 0150 0001 9588 9073

neopost®
 12/23/2014
US POSTAGE \$006.48
 FIRST-CLASS MAIL
 ZIP 73112
 041L12203132

Shanterrial Adams
 9031 E. 40TH St.
 Tulsa, OK 74145-3714

JOHN D. DOAK
Insurance Commissioner
 Oklahoma Insurance Department
 5 Corporate Plaza
 3625 N.W. 56th St., Ste. #100
 Oklahoma City, OK 73112-4511



RECEIVED

OKLAHOMA INSURANCE DEPARTMENT
 FEB 18 2015

Legal Division

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

FEB 17 2015

MAILROOM

NIXIE 78A SE 1009 0002/14/15

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 73112451125 *3057-01607-23-37

7014 0150 0001 9588 9073

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

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



Total Postage & I **Shanterrial Adams**
 9031 E. 40TH St.
 Tulsa, OK 74145-3714
14-1225-DIS/DRB(mt)
(Cond. Adm. Ord. ~12-23-14)

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

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

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:
Shanterrial Adams
9031 E. 40TH St.
Tulsa, OK 74145-3714
14-1225-DIS/DRB(mt)
(Cond. Adm. Ord. ~12-23-14)

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 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 No

FEB 18 2015
 Legal Division

2. Article Number
 (Transfer from service label)
7014 0150 0001 9588 9073

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004