

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

FILED

MAR 12 2012

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,
Petitioner,
vs.
CONNIE L. MANUEL, a licensed bail bondsman
in the State of Oklahoma,
Respondent.

CASE NO. 12-0057-DIS

**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. §§ 101-7004 and the Oklahoma Bail Bond Act 59 O. S. §§ 1301-1340.

2. Respondent Connie L. Manuel (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199425.

FINDINGS

1. Respondent failed to file with the Insurance Commissioner her October 2011, November 2011, December 2011, and January 2011 reports for her appointment with United States Fire Insurance Company.

CONCLUSIONS OF LAW

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B), which states that “[e]very licensed bondsman shall file monthly electronically with the

Insurance Commissioner” Any person violating this provision may be subject to a civil penalty ranging from \$250 to \$2,500. 59 O.S. § 1310(B).

ORDER

IT IS THEREFORE ORDERED that Connie L. Manuel is 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 Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112, and **give an explanation of Respondent’s actions described herein and any defenses thereto.**

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 and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 12th day of March, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

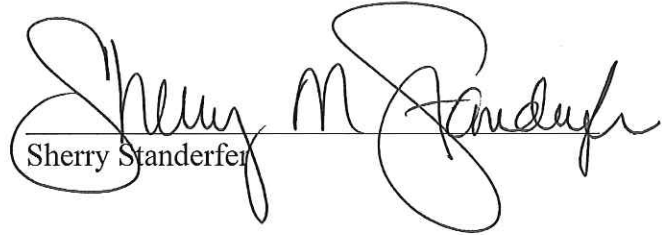
A handwritten signature in black ink, appearing to read "M. Copeland", written over a horizontal line.

Michael P. Copeland
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 12th day of March, 2012, to:

Connie L. Manuel
1209 S Main Street
Stillwater, OK 74074-5846


Sherry Standerfer

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Connie L. Manuel 1209 S. Main Street Stillwater, Ok 74074-5846 sms/12-0057-DIS/Cond. Ord. </div>	B. Received by (Printed Name) <i>P. Thatcher</i>	C. Date of Delivery <i>3/14/12</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from address below? <input type="checkbox"/> Yes If YES, enter delivery address below: <div style="text-align: center; margin-top: 10px;"> MAR 16 2012 Legal Division OKLAHOMA INSURANCE DEPARTMENT </div>	
PS Form 3811, February 2004	3. Service Type <input 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.	<input checked="" type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 2760 0005 6605 5973		
Domestic Return Receipt		
102595-02-M-1540		