

FINDINGS OF FACT

1. Respondent failed to file with the Insurance Commissioner his October 2011 and November 2011 United States Fire Insurance Company surety bondsman reports.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1314(B), which mandates that every licensed bondsman shall file monthly reports electronically with the Insurance Commissioner.

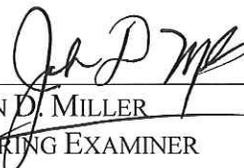
ORDER

IT IS THEREFORE ORDERED that Ryan Thomas Manuel is fined Two Hundred Fifty Dollars (\$250.00), due and payable immediately.

WITNESS My Hand and Official Seal this 23rd day of April, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

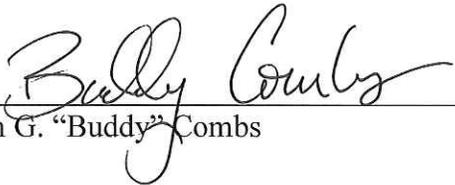


JOHN D. MILLER
HEARING EXAMINER

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing *Administrative Order* was mailed certified, return receipt requested, on this 24th day of April, 2012, to:

Ryan Thomas Manuel
1330 N. Classen Blvd., Suite G40
Oklahoma City, OK 73106-6836



William G. "Buddy" Combs

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

OFFICIAL USE

7001 0320 0004 4250 3991

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



Total Postage

Sent To
 Ryan Thomas Manuel
 1330 N. Classen Blvd., Suite G40
 OKC, OK 73106-6836
 sms/12-0058-DIS/Cond. Ord.

PS Form 3800, January 2007 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:

Ryan Thomas Manuel
 1330 N. Classen Blvd., Suite G40
 OKC, OK 73106-6836
 sms/12-0058-DIS/Cond. Ord.

2. Article Number

(Transfer from service label)

7001 0320 0004 4250 3991

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Santa Pauka* Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 4/25/12

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

OKLAHOMA INSURANCE DEPARTMENT

APR 27 2012

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540