

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

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

CASE NO. 12-0061-DIS

FILED
JAN 25 2012
INSURANCE COMMISSIONER
OKLAHOMA

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 Christy Mounger (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40124838.

FINDINGS

1. Respondent failed to file November 2011 monthly reports with the Insurance Commissioner for her appointments with Indiana Lumbermens Mutual Insurance Company and American Surety 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 Christy Mounger 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 **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 and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 29 day of January, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



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 25th day of January, 2012, to:

Christy Mounger
313 State Street
Muskogee, OK 74401-6350

**CERTIFIED MAIL NO:
7008 1830 0003 9411 6883**



Michael P. Copeland

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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Moni Rae</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>1-27-12</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Christy Mounger 313 State Street Muskogee, OK 74401-6350</p> <p>12-0061-DIS/MPC(mt)Cond. Adm.Ord.</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT JAN 31 2012 Legal Division</p> <p>Delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Service Type <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7008 1830 0003 9411 6883</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	<div style="border: 1px solid black; padding: 5px; text-align: center;"> MARTIN LUTHER KING STATION JAN 25 2012 OKC OK 73108 </div> Postmark Here
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	Christy Mounger 313 State Street Muskogee, OK 74401-6350 12-0061-DIS/MPC(mt)Cond. Adm.Ord.
PS Form 3800, August 2006 See Reverse for Instructions	