

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

FEB 16 2012

INSURANCE COMMISSIONER  
OKLAHOMA

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

CASE NO. 12-0064-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 Monica Reece (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100108159.

**FINDINGS**

1. Respondent failed to file with the Insurance Commissioner her October 2011 and November 2011 cash reports and her November 2011 report for her appointment with Indiana Lumbermens Mutual 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 . . . .”

**ORDER**

**IT IS THEREFORE ORDERED that Monica Reece is hereby censured.**

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 56<sup>th</sup> 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 31<sup>st</sup> day following the receipt of the Order and Respondent shall be censured.**

WITNESS My Hand and Official Seal this 16<sup>th</sup> day of February, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

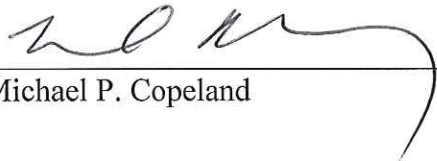
A handwritten signature in black ink, appearing to read "Michael P. Copeland", written over a horizontal line.

Michael P. Copeland  
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 16<sup>th</sup> day of February, 2012, to:

Monica Reece  
313 State Street  
Muskogee, OK 74401-6350

  
\_\_\_\_\_  
Michael P. Copeland

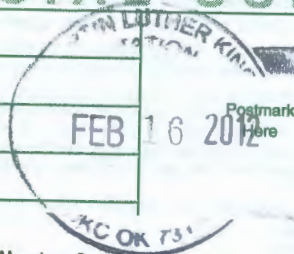
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 City, State, Zi

Monica Reece  
 313 State Street  
 Muskogee, Ok 74401-6350  
 sms/12-0064-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 front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

1. Article Addressed to:

Monica Reece  
 313 State Street  
 Muskogee, Ok 74401-6350  
 sms/12-0064-DIS/Cond. Ord.

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 FEB 23 2012

3. Service type DIVISION  
 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) 7006 2760 0005 6605 5553