



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).

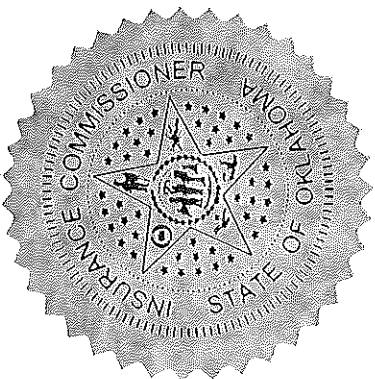
**ORDER**

**IT IS THEREFORE ORDERED that Marciano Villarruel is fined Two Hundred Fifty Dollars (\$250.00).**

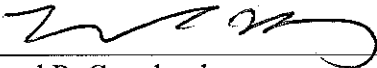
Respondent is further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to 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 the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 26 day of January, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
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 27<sup>th</sup> day of January, 2012, to:

Marciano Villarruel  
3006 N 14<sup>th</sup> Street  
Ponca City, OK 74601-1029

**CERTIFIED MAIL NO:  
7008 1830 0003 9411 8740**

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

**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:

Marciano Villarruel  
3006 N. 14th Street  
Ponca City, OK 74601-1029

12-0065-DIS/MPC(mt)Con. Adm. Ord.

2. Article Number  
(Transfer from service label)

7008 1830 0003 9411 8740

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

Troy Smith

C. Date of Delivery

1/30/12

Is delivery address different from item 1?  Yes

Enter delivery address below:  No

OKLAHOMA INSURANCE DEPARTMENT  
RECEIVED

FEB 02 2012

Legal Division

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

Postage	\$	
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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Marciano Villarruel  
3006 N. 14th Street  
Ponca City, OK 74601-1029

12-0065-DIS/MPC(mt)Con. Adm. Ord.

Postmark Here: JAN 27 2012

PS Form 3800, August 2006 See Reverse for Instructions

7008 1830 0003 9411 8740