

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

FILED
JAN 26 2012
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.
DOAK, Insurance Commissioner,

Petitioner,

vs.

SAMANTHA LYNN SHEPHERD, a licensed
bail bondsman in the State of Oklahoma,

Respondent.

CASE NO. 12-0069-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 Samantha Lynn Shepherd ("Respondent") is a licensed bail bondsman in
the State of Oklahoma holding license number 199750.

FINDINGS

1. Respondent failed to file with the Insurance Commissioner her October 2011 and
November 2011 reports for her appointment with Seneca 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 Samantha Lynn Shepherd 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 25 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

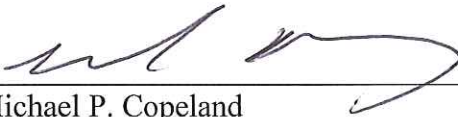
Tel. (405) 521-2746
Fax (405) 521-0125

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 26th day of January, 2012, to:

Samantha Shepherd
107 N 4th, Suite 227
Ponca City, OK 74601-4510

CERTIFIED MAIL NO:
7008 1830 0003 9411 8498

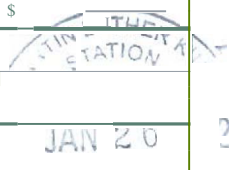


Michael P. Copeland

7008 1830 0003 9411 8498

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

OFFICIAL USE

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

Sent To Sami Ira Shepherd
107 N. 4th, Suite 227
Ponca City, OK 7-1601--1510
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4 12-0069-DIS/MPC(mt) Con. Adm. Ord.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE PRINTED ADDRESS. PRINT AT 100% IN THE

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:

Samantha Shepherd
107 N. 4th, Suite 227
Ponca City, OK 74601-4510
12-0069-DIS/MPC(mt)Con. Adm. Ord.

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
FEB 23 2012

Legal Mail

Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7008 1830 0003 9411 8498

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

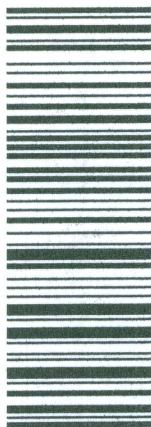
A. Signature ☐ Agent
☒ Addressee

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

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

Oklahoma Insurance Department
Legal Division
5 Corporate Plaza
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112

CERTIFIED MAIL™



7008 1830 0003 9411 8498



U.S. POSTAGE PITNEY BOWES
ZIP 73112 \$005.75⁰
02 1M
0001363374 JAN 26 2012

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OKLAHOMA INSURANCE DEPARTMENT

FEB 23 2012

Samantha Shepherd
Legal Division
107 N. 4th, Suite 227
Ponca City, OK 74601-4510

Attempted
yes for me
yes for me
☐ Not Deliverable As Addressed
☐ Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Undelivered
☒ Attempted-Not Known
☐ No Such Street/Number
☐ Vacant
☐ No Mail Receipt
☐ Box Closed-No Order
☐ Returned For Better Address
☐ Postage Due

74601451004511

NIXIE 741 4E 1 05 02/18/12
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 73112451125 *0957-04279-26-35
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