

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 Roberta Ann Aguilar 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

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 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:

Roberta Ann Aguilar
121 N Denver Ave.
Tulsa, OK 74103-1819

**CERTIFIED MAIL NO:
7008 1830 0003 9411 8481**



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:

Roberta Ann Aguilar
121 N. Denver Ave.
Tulsa, OK 74103-1819

12-0070-DIS/MPC(mt)Con. Adm. Ord.

2. Article Number
(Transfer from service label)

7008 1830 0003 9411 8481

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
M. Mercado

B. Received by (Printed Name) C. Date of Delivery
M. Mercado *1/27/12*

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

OKLAHOMA INSURANCE DEPARTMENT

JAN 31 2012

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 (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
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Total Postage	Postmark Here
Sent To	Roberta Ann Aguilar 121 N. Denver Ave. Tulsa, OK 74103-1819
Street, Apt. No. or PO Box No.	
City, State, Zip	12-0070-DIS/MPC(mt)Con. Adm. Ord.
PS Form 3800, August 2006 See Reverse for Instructions	

7008 1830 0003 9411 8481