

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

FILED
JAN 25 2012
INSURANCE COMMISSIONER
OKLAHOMA

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

CASE NO. 12-0073-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 Salomon Dionicio (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200233.

FINDINGS

1. Respondent failed to file with the Insurance Commissioner his October 2011 and November 2011 cash bondsman reports.

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 Salomon Dionicio is fined Two Hundred Fifty Dollars (\$250.00).

Respondent is further notified that he 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".

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:

Salomon Dionicio
10115 E 23rd PL.
Tulsa, OK 74129-4616

**CERTIFIED MAIL NO:
7008 1830 0003 9411 6968**



Michael P. Copeland

SEND	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 mail piece, on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) S. Diunicio</p> <p>C. Date of Delivery 12/26/12</p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
	<p>1. Article Addressed to:</p> <p style="text-align: center;">JAN 30 2012 Legal Division</p> <p>Salomon Diunicio 10115 E. 23rd Pl. Tulsa, 12-0073-DIS/MPC(mt)Con. Adm. Ord.</p>	<p>3. Service Type <input checked="" type="radio"/> Certified Mail <input type="radio"/> Express Mail <input type="radio"/> Registered <input type="radio"/> Return Receipt for Merchandise <input type="radio"/> Insured Mail <input type="radio"/> C.O.D.</p>
	<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7008 1830 0003 9411 6968</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004		Domestic Return Receipt

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<p>7008 1830 0003 9411 6968</p>	<p>PS Form 3800, August 2006 See Reverse for Instructions</p>