

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

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

CASE NO. 12-0087-DIS

**FILED**  
FEB 18 2012

**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 Dillon D. Price (“Respondent”) is a licensed bail bondsman in the State  
of Oklahoma holding license number 100109525.

**FINDINGS**

1. Respondent failed to file with the Insurance Commissioner his October 2011 and  
November 2011 monthly 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 Dillon D. Price 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 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 13<sup>th</sup> day of ~~January~~ <sup>February</sup>, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

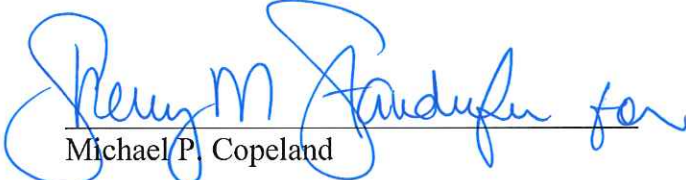
  
\_\_\_\_\_  
Michael P. Copeland  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112

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 13<sup>th</sup> day of ~~January~~<sup>February</sup>, 2012, to:

Dillon D. Price  
RR 1 Box 98  
Isabella, OK 73747-9745

  
Michael P. Copeland

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7006 2760 0005 6605 5485

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|---|----|--|
| Postage   | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |
| Total Postage                                     |    |  |

Postmark Here  
**FEB 16 2012**

OKC OK 73102

Sent To  
 Dillon D. Price  
 RR 1, Box 98  
 Isabella, Ok 73747-9745  
 sms/12-0087-DIS/Cond. Ord.

Street, Apt. No. or PO Box No.  
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/>                 X <i>Dillon Price</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/> <i>DILLON PRICE</i></p> <p>C. Date of Delivery<br/> <i>2-17-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>                 If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;">                 Dillon D. Price<br/>                 RR 1, Box 98<br/>                 Isabella, Ok 73747-9745<br/>                 sms/12-0087-DIS/Cond. Ord.             </div>                                 | <p>RECEIVED<br/>                 OKLAHOMA INSURANCE DEPARTMENT<br/>                 FEB 22 2012<br/>                 Legal Division</p>   |
| <p>2. Article Number<br/>                 (Transfer from service label)</p>  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |
| <p>7006 2760 0005 6605 5485</p>  |   |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>  |   |