

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

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
vs.)	
)	Case No. 12-0350-DIS
EUGENE PHILLIPS, a licensed bail bondsman in the State of Oklahoma,)	
)	
Respondent.)	

FILED
APR 27 2012

**CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD**

INSURANCE COMMISSIONER
OKLAHOMA

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. Eugene Phillips (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40036559.

FINDINGS OF FACT

1. On March 15, 2012, Respondent submitted an insufficient electronic funds transfer (“EFT”) to the Oklahoma Insurance Department (“Department”) in the amount of \$212.51 for payment of his February 2012 report reviewal fee and ok.gov fee.
2. On March 28, 2012, Department staff sent a letter to Respondent via email and certified mail, informing him of the unpaid amount and that a \$25.00 service fee was being assessed.

The letter also instructed that \$212.51 for the amount of the EFT and \$25.00 for the service fee, for a total of \$237.51, be paid to the Department by cashier's check or money order within five (5) days of receipt of the letter.

3. Respondent received the letter on April 5, 2012.

4. On April 3, 2012, Respondent replaced the insufficient funds with money order number 7004123041.

CONCLUSION OF LAW

1. Respondent acted in violation of 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Insurance Commissioner.

2. Pursuant to 59 O.S. § 1310(A), the Insurance Commissioner may censure any bondsman for a violation of the Bail Bond Act.

ORDER

IT IS THEREFORE ORDERED that Eugene Phillips is censured.

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 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. **Such written request shall include an explanation of Respondent's actions described herein and any defenses thereto.**

If Respondent does not request a hearing within the 30 days allotted, this Order shall be a FINAL ORDER on the 31st day following the receipt of the Order and Respondent shall be

censured.

WITNESS My Hand and Official Seal this 23 day of April, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

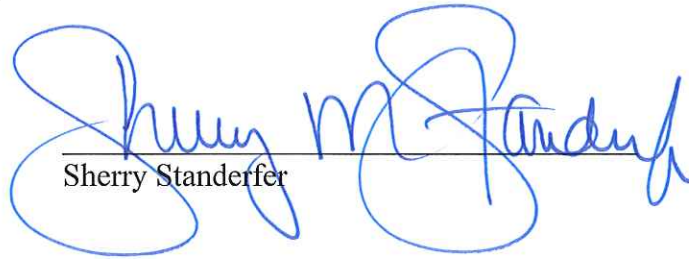
A handwritten signature in black ink, appearing to read "m. copeland", written over a horizontal line.

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 27th day of April, 2012, to:

Eugene Phillips
P.O. Box 21801
Oklahoma City, OK 73156-1801



Sherry Standerfer

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

7001 0320 0004 4250 4196

OFFICIAL

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



Sent To: Eugene Phillips
P.O. Box 21801
OKC, OK 73156-1801
City, State, Zip: sms/12-0350-DIS/Cond. Ord.

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE 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 mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>E. Phillips</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Eugene Phillips</i> <i>5-12-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If different, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> Eugene Phillips P.O. Box 21801 OKC, OK 73156-1801 sms/12-0350-DIS/Cond. Ord. </div>	<div style="text-align: center; margin-bottom: 10px;">  </div> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0004 4250 4196</p>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	