

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

STATE OF OKLAHOMA, ex rel. JOHN D.)		
DOAK, Insurance Commissioner,))	
Petitioner,))	
)	
vs.))	Case No. 12-0415-DIS
)	
JAMES MANUEL JR., a licensed bail bondsman))	
in the State of Oklahoma,))	
Respondent.))	

FILED
MAY 01 2012
INSURANCE COMMISSIONER
OKLAHOMA

**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. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.
2. James Manuel Jr. (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200341.

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 \$286.52 for payment of his February 2012 U.S. Fire Insurance Company (“U.S. Fire”) report reviewal fee and ok.gov fee.
2. On March 28, 2012, the Department 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 instructed that \$286.52 for the insufficient EFT and \$25.00 for the service fee, for a total of \$311.52, 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 March 30, 2012.

4. As of the date of this Conditional Order, the funds have not been replaced.

5. As of the date of this Conditional Order, Respondent has not responded to the letter he received on March 30, 2012.

6. Respondent has a history of submitting insufficient funds to the Insurance Commissioner.

CONCLUSION OF LAW

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

2. Respondent has acted in violation of 59 O.S. § 1310(A)(21) by failing to respond to a properly mailed notification within a reasonable amount of time.

ORDER

IT IS THEREFORE ORDERED that James Manuel Jr. is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00), due and payable to the Insurance Department within 30 days of receipt of this Order.

IT IS FURTHER ORDERED that James Manuel Jr. shall pay to the Department Three Hundred Eleven Dollars and Fifty-Two Cents (\$311.52) for the insufficient EFT and service fee owed for his February 2012 U.S. Fire report within 30 days of receipt of this Order.

IT IS FURTHER ORDERED that this Order constitutes disciplinary action and may be used

in any subsequent hearings by the Insurance Department. In the event other misconduct is reported to the Department, this Order may be used as evidence against Respondent to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

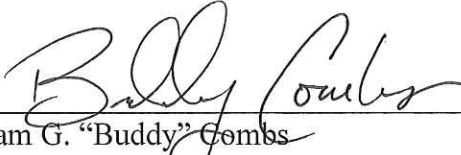
Respondent is notified that he may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to William G. "Buddy" Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described herein and any defenses thereto.**

If, within 30 days of receipt of this Order, Respondent fails to either (1) pay the fine and replace the fees owed or (2) request a hearing, Respondent's license shall be **SUSPENDED** on the 31st day following receipt of the Order. 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.

WITNESS My Hand and Official Seal this 1st day of May, 2012.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



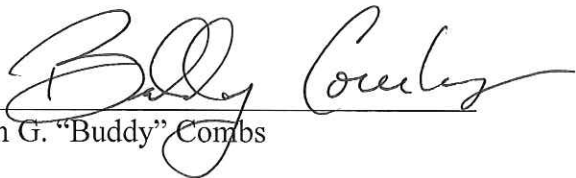


William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 521-0125

CERTIFICATE OF MAILING

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 1st day of May, 2012, to:


James Manuel, Jr.
1209 S Main Street
Stillwater, OK 74074-5846



William G. "Buddy" Combs

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

7001 0320 0004 4250 2185

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	James Manuel, Jr.	
Street, Apt or PO Box	1209 S. Main Street	
City, State	Stillwater, Ok 74074-5846	
	sms/12-0415-DIS/Cond. Ord.	

PS Form 3811, February 2004 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>A Tyler</i></p> <p>B. Received by (Printed Name) <i>A Tyler</i></p> <p>C. Date of Delivery <i>5-3-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAY 08 2012</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>James Manuel, Jr. 1209 S. Main Street Stillwater, Ok 74074-5846 sms/12-0415-DIS/Cond. Ord.</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered 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) 7001 0320 0004 4250 2185</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02