

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

**FILED**

JUL 18 2012

INSURANCE COMMISSIONER  
OKLAHOMA

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

Case No. 12-0651-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. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.

2. Ryan T. Manuel (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 166908.

**FINDINGS OF FACT**

1. On May 17, 2012, Respondent submitted his April 2012 United States Fire Insurance Company report. With this report, Respondent submitted an Electronic Funds Transfer (EFT) of \$3.00. This EFT was charged back to the Department as “Insufficient Funds.”

2. On June 6, 2012, the Department sent Respondent an email and a letter, by certified mail, requesting that the funds be replaced and the service fee of \$25.00 be paid within five days of receipt of the letter. Respondent received the letter on June 19, 2012.

3. On June 29, 2012, Respondent replaced the funds with money order number 204121834940 in the amount of \$28.00.

**CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

**ORDER**

**IT IS THEREFORE ORDERED that Ryan T. Manuel is CENSURED.**

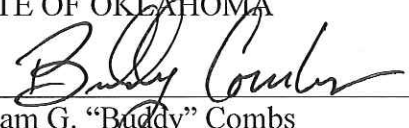
Respondent is notified that he may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to William G.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

If Respondent does not request a hearing within 30 days, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day following the receipt of the Order, and Respondent shall be censured.

WITNESS My Hand and Official Seal this 18<sup>th</sup> day of July, 2012.




JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
William G. "Buddy" Combs  
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 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 18<sup>th</sup> day of July, 2012, to:

Ryan Manuel  
1330 N. Classen Blvd., Suite G40  
OKC, OK 73106-6836

  
\_\_\_\_\_  
William G. "Buddy" Combs

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

OFFICIAL USE

7001 0320 0004 4250 3717

Postage \$	
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<b>Total Postage</b>	

**Sent To**  
 Ryan Manuel  
 1330 N. Classen Blvd., Suite G40  
 OKC, OK 73106-6836  
 sms/12-0651-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"> <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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;">                     Ryan Manuel                      1330 N. Classen Blvd., Suite G40                      OKC, OK 73106-6836                      sms/12-0651-DIS/Cond. Ord.                 </div>	<p>OKLAHOMA RECEIVED INSURANCE DEPARTMENT                  JUL 23 2012</p> <p>Legal Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <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 3717</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	