



Respondent signed for the letter on August 6, 2012, but did not respond.

3. On August 9, 2012, Department legal staff attempted to contact Respondent by telephone to urge him to address the matter immediately. Respondent's outgoing voicemail message stated that the mailbox was full, but allowed the Department to leave a call back number.

4. As of the date of this Conditional Order, the funds (\$203.69) have not been replaced. Respondent has not responded to the Department.

### CONCLUSIONS OF LAW

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

2. Respondent has violated 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 Eugene Phillips is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00), due and payable to the Insurance Department.**

**IT IS FURTHER ORDERED that Eugene Phillips shall replace the insufficient EFT within thirty (30) days of receipt of this Order. Failure to do so shall result in the SUSPENSION of Eugene Phillips' bail bondsman license until he replaces the funds. The total amount owed to the Department in this case is Two Hundred Three Dollars and Sixty-Nine Cents (\$203.69).**

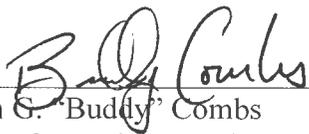
Respondent is notified that he may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in

writing to 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 the 30 days allotted, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day following the receipt of the Order.

WITNESS My Hand and Official Seal this 19<sup>th</sup> day of September, 2012.



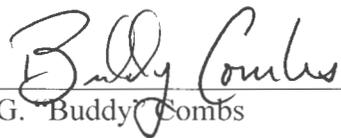
JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
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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 20<sup>th</sup> day of September, 2012, to:

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

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

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

7001 0320 0003 9967 8681

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	

Sent To: Eugene Phillips  
P.O. Box 21801  
OKC, OK 73156-1801  
City, State, ZIP+4: sms/12-0848-DIS/Cond. Ord.

PS Form 3800, January 2004



**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Eugene Phillips  
P.O. Box 21801  
OKC, OK 73156-1801  
sms/12-0848-DIS/Cond. Ord.

OCT 05 2012

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: 10/3/12

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



2. Article Number (Transfer from service label): 7001 0320 0003 9967 8681