BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)))
VS.) Case No. 12-0862-DIS
ASHLEY JENNINGS, a licensed bail bondsman	FILED
in the State of Oklahoma,	SEP 2 ₅ 2012
Respondent.) INSURANCE COMMISSIONER

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. Respondent Ashley Jennings ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 40055761.

FINDINGS OF FACT

- 1. Respondent submitted her January 2012 Safety National Casualty Corporation report late on March 1, 2012. The report was due February 15, 2012.
- 2. Respondent submitted her March 2012 Safety National Casualty Corporation report late on April 24, 2012. The report was due April 16, 2012.
 - 3. Respondent submitted her April 2012 Safety National Casualty Corporation report

late on May 16, 2012. The report was due May 15, 2012.

- 4. Respondent submitted her May 2012 Safety National Casualty Corporation report late on June 17, 2012. The report was due June 15, 2012.
- 5. Respondent submitted her July 2012 Safety National Casualty Corporation report late on August 20, 2012. The report was due August 15, 2012.

CONCLUSIONS OF LAW

- 1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report in the manner required by Section 1314.
- 2. Respondent has violated 59 O.S. § 1314(B), which states that "monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month."
- 3. Pursuant to 59 O.S. § 1310(B), "any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence."

ORDER

IT IS THEREFORE ORDERED that Ashley Jennings is FINED Two Hundred Fifty Dollars (\$250.00).

Respondent is further notified that she 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 56th St., 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 31st day following the receipt of the Order, and the fine ordered herein shall be due.

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

JOHN D. DOAK INSURANCE COMMISSIONER STATE OF OKLAHOMA

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 day of September, 2012, to:

Ashley Jennings 8563 Candlewood Dr., Apt. 601 Oklahoma City, OK 73132-4474

William G. "Buddy" Sombs

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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40	UFF	10 8 116	
1967	Postage Certified Fee	\$ 6866 97112	
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	Restricted Delivery Fee (Endorsement Required)	hours of	
0350	Total Postage Ashley Jennings 8563 Candlewood Dr., Apt. 601		
7007	Street, Apt. No. or PO Box No. OKC, Ok 73132-4474 City, State, ZIP4 sms/12-0862-DIS/Cond. Ord.		
	PS Form 3800, January 2001 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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.	A Signature A Signature A Agent Addressee B. Received by (Printed Name) C. Date of Delivery	
Article Addressed to: OKLAHOMA INSURANCE D	PAR If YES, enter delivery address below No	
OCT 0 5 2	12	
Ashley Jennings 8563 Candlewood Dr., Apt. 601egal Division	DE PROPERTIES	
OKC, Ok 73132-4474	3. Service Type	
sms/12-0862-DIS/Cond. Ord.	Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
LINCONIA LANGUAL	4. Restricted Delivery? (Extra Fee) Yes	
2. Article Number (Transfer from service label) 7001 032	D 0003 9967 8599	
PS Form 3811, February 2004 Domestic Ret	urń Receipt 102595-02-M-1540	