

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

FILED

OCT 04 2012

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK,)
Insurance Commissioner,)

Petitioner,)

vs.)

TRACY BIAS, a licensed bail bondsman in the)
State of Oklahoma,)

Respondent.)

Case No. 12-0878-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. Tracy Bias (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40080415.

FINDINGS OF FACT

1. On August 15, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) her July 2012 Safety National Casualty Corporation report.

2. With this report, Respondent submitted an Electronic Funds Transfer (“EFT”) of \$18.00. The Oklahoma State Treasurer charged the EFT back to the Department as “Insufficient Funds.”

3. On September 13, 2012, Department staff sent Respondent an email and a letter, via certified mail, requesting that the funds be replaced and a service fee of \$25.00 be paid within five days

of receipt of the letter. Respondent received the letter on September 17, 2012.

4. On September 24, 2012, Respondent replaced the insufficient EFT and paid the \$25 service fee with a money order.

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 Tracy Bias is CENSURED.

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 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 31st day following the receipt of the Order.

WITNESS My Hand and Official Seal this 4th day of October, 2012.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Buddy Combs
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 4~~th~~ day of October, 2012, to:

Tracy Bias
7204 NW 121st St.
Oklahoma City, OK 73162-1664



William G. "Buddy" Combs

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

7001 0320 0003 9967 8629

OFFICIAL USE



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

Total Postage

Sent To
 Street, Apt. 1
 or PO Box N
 City, State, Z

Tracy Bias
 7204 NW 121st St
 OKC, OK 73162-1664
sms/12-0878-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 </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Billy Dismuke</p> <p>C. Date of Delivery 10-16-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>Tracy Bias 7204 NW 121st St OKC, OK 73162-1664 sms/12-0878-DIS/Cond. Ord.</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT OCT 18 2012</p> <p>Legal Division</p>
	<p>3. Service Type</p> <p><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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0003 9967 8629</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540