

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

FILED

NOV 06 2012

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 12-0959-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. Respondent Sharyor Brannon ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 100128285.

FINDINGS OF FACT

1. Respondent submitted his April 2012 Surety report late on July 10, 2012. The report was due May 15, 2012.

2. Respondent submitted his May 2012 Surety report late on July 10, 2012. The report was due June 15, 2012.

3. Respondent submitted his August 2012 Surety report late on September 24, 2012. The report was due September 17, 2012.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by 59 O.S. § 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 Sharyor Brannon is CENSURED.

Respondent is further 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 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

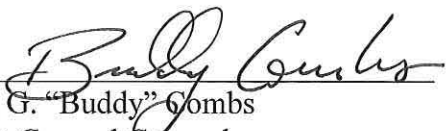
Respondent shall be censured.

Respondent is further notified that future such violations could result in a fine of not less than \$250 but not more than \$2,500 per occurrence.

WITNESS My Hand and Official Seal this 6th day of November, 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 16th day of November, 2012, to:

Sharyor Brannon
3409 N. Hartford Ave.
Tulsa, OK 74106



William G. "Buddy" Combs

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

7001 0320 0003 9967 7196

OFFICIAL USE

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



Total Post:

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

Sharyor Brannon
 3409 N. Hartford Ave.
 Tulsa, Ok 74106
sms/12-0959-DIS/Cond. Ord.

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Sharyor Brannon
 3409 N. Hartford Ave.
 Tulsa, Ok 74106
sms/12-0959-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 NOV 29 2012
 Legal Division

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

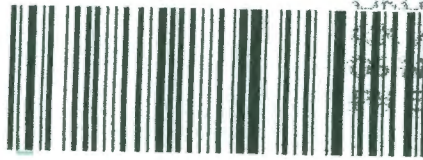
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7001 0320 0003 9967 7196



JOHN D. DOAK
Insurance Commissioner
 Oklahoma Insurance Department
 5 Corporate Plaza
 3625 NW 56th Street, Suite 100
 Oklahoma City, OK 73112-4511

CERTIFIED MAIL



OKLAHOMA CITY
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U.S. POSTAGE >> **PITNEY**

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UNCLAIMED

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1st NOTICE 11-13
 2nd NOTICE 11-23
 RETURNED

Sharyor Brannon
 3409 N. Hartford Ave.
 Tulsa, Ok 74106

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 RETURN TO SENDER
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 UNABLE TO FORWARD
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