

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

FILED

NOV 08 2012

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 12-0961-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 Debra Lamb (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199934.

FINDINGS OF FACT

1. Respondent submitted her March 2012 Roche Surety & Casualty Company report late on May 3, 2012. The reports were due April 16, 2012.

2. Respondent submitted her June 2012 Roche Surety & Casualty Company report late on July 18, 2012. The reports were due July 16, 2012.

3. Respondent submitted her August 2012 Roche Surety & Casualty Company report late on September 25, 2012. The reports were 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 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 Debra Lamb 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 8th day of November, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

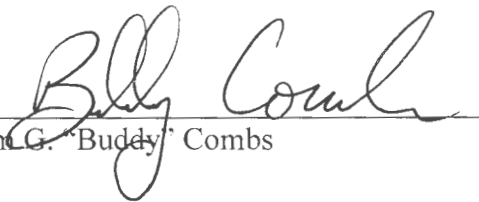
A handwritten signature in black ink, appearing to read "Buddy Combs", written over a horizontal line.

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 8th day of November, 2012, to:

Debra Lamb
106003 N. 3590 Road
Paden, OK 74860



William G. "Buddy" Combs

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

OFFICIAL USE



7001 0320 0003 9967 7202

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

Total Postage

Sent To: Debra Lamb
 106003 N. 3590 Road
 Paden, Ok 74860
 sms/12-0961-DIS/Cond. Order

PS Form 3800, January 2001 See Reverse for Instructions

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:

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 NOV 14 2012
 Legal Division

Debra Lamb
 106003 N. 3590 Road
 Paden, Ok 74860
 sms/12-0961-DIS/Cond. Order

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Debra Lamb Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Debra Lamb 11-9-12

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

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 7202