

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

FILED

DEC 14 2012

INSURANCE COMMISSIONER
- OKLAHOMA

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

Petitioner,)

vs.)

Case No. 12-1083-DIS

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

Respondent.)

**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 September 24, 2012, Respondent submitted to the Oklahoma Insurance Department ("Department") her August 2012 Crum & Forster Indemnity Company report. With the report, Respondent submitted an Electronic Funds Transfer ("EFT") of \$3.00. The Oklahoma State Treasurer charged the EFT back to the Department as "Insufficient Funds."

2. On October 15, 2012, Respondent submitted to the Department her September 2012 Safety National Casualty Corporation report. With the report, Respondent submitted an EFT of \$33.20. The Oklahoma State Treasurer charged the EFT back to the Department as “Insufficient Funds.”

3. On November 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 for each insufficient EFT be paid within five days of receipt of the letter. Respondent received the letter on November 28, 2012.

4. On December 6, 2012, Respondent replaced both insufficient EFTs and paid a \$25 service fee for both with two money orders.

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 14th day of December, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



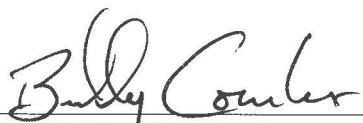
William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING

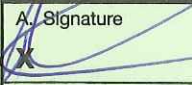
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to be Heard* was mailed certified, return receipt requested on this 14th day of December, 2012, to:

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

Certified Mail No.
7001 0320 0003 9967 8117



William G. "Buddy" Combs

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. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Tracy Bias 7204 NW 121st Street OKC, OK 73162-1664 sms/12-1083-DIS/Order </div>		B. Received by (Printed Name) 	C. Date of Delivery 12/15
2. Article Number (Transfer from service label) 7001 0320 0003 9967 8100		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <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.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL RECEIPT	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Pos	Postmark Here 
Sent To Street, Apt. or PO Box City, State,	Tracy Bias 7204 NW 121st Street OKC, OK 73162-1664 sms/12-1083-DIS/Order
PS Form 3800, January 2001 See Reverse for Instructions	