

Insurance Department, no premiums or indemnification for forfeitures or fines are owed to any insurer, and liabilities incurred under prior surety appointments are monitored by the bondsman.” The affidavit was sworn under oath and under penalty of perjury before a Notary Public on December 10, 2012.

3. At the time Respondent signed and submitted the affidavit, he owed to the Insurance Department two \$250 fines imposed in Department files 12-0352-DIS (Order and Court Minute attached as Exhibit A) and 12-0883-DIS (Order attached as Exhibit B).

4. Based on the fines owed by Respondent at the time he signed and submitted the affidavit, the affidavit was false.

CONCLUSIONS OF LAW

1. Respondent filed a false affidavit in violation of 59 O.S. § 1317(C), which mandates that “[p]rior to the issuance of a new surety appointment for a surety bondsman or managing general agent, the bondsman or agent shall file an affidavit with the Commissioner stating that no forfeitures are owed to any court, no fines are owed to the insurance department, and no premiums or indemnification for forfeitures or fines are owed to an insurer.”

2. 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 James Reginal Willis is hereby CENSURED and FINED Five Hundred Dollars (\$500.00).

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 **provide 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, and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 27th 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, William G. Combs, 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 via certified mail with return receipt requested on this 27th day of December, 2012, to:

James Reginal Willis
1442 Windsor Dr.
Ardmore, OK 73401-3749



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 <i>James Willis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> James Reginal Willis 1442 Windsor Dr. Ardmore, Ok 73401-3749 sms/12-1094-DIS/Concl. Ord. </div>	B. Received by (Printed Name)	C. Date of Delivery RECEIVED 12-28-12 OKLAHOMA INSURANCE DEPARTMENT JAN 02 2013 Legal Division
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0003 9967 7912		
102595-02-M-1540		

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To Street, Apt or PO Box City, State,	<div style="text-align: center;">  </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> James Reginal Willis 1442 Windsor Dr. Ardmore, Ok 73401-3749 sms/12-1094-DIS/Concl. Ord. </div>
PS Form 3806, January 2004	

or money order within five (5) days of receipt of the letter.

3. Respondent received the letter on April 3, 2012.

4. On April 11, 2012, Respondent replaced the insufficient funds with cashier's check number 187099.

5. Respondent has a history of submitting insufficient funds to the Department.

CONCLUSION OF LAW

1. Respondent acted in violation of 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Insurance Commissioner.

2. Pursuant to 59 O.S. § 1310(B), any bondsman violating the Bail Bond Act may be subject to a civil penalty ranging from \$250 to \$2,500.

ORDER

IT IS THEREFORE ORDERED that James R. Willis is fined Two Hundred Fifty Dollars (\$250.00).

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 Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and state the basis for requesting the hearing. **Such written request shall include 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 be 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 23 day of April, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Michael P. Copeland
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 521-0125

CERTIFICATE OF SERVICE

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 27th day of April, 2012, to:

James Reginal Willis
303 K Street NW
Ardmore, OK 73401-4307


Sherry Standerfer

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

7001 0320 0004 4250 4202

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



Sent To
 Street, Apt. No. or PO Box No
 City, State, Zip

James Reginal Willis
303 K Street NW
Ardmore, Ok 73401-4307
sms/12-0352-DIS/Cond. Ord.

PS Form 3800, January 2004 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:

James Reginal Willis
303 K Street NW
Ardmore, Ok 73401-4307
sms/12-0352-DIS/Cond. Ord.

2. Article Number
 (Transfer from service label)

7001 0320 0004 4250 4202

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

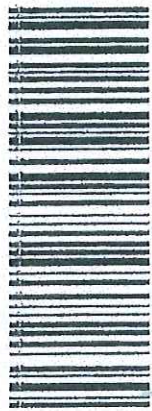
D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL

Oklahoma Insurance Department
Legal Division
5 Corporate Plaza
3025 N.W. 56th Street, Suite 100
Oklahoma City, OK. 73112



7001 0320 0004 4250 4202



U.S. POSTAGE PITNEY BOWES
ZIP 73112 \$ 005.75⁰
02 1W
0001369374 APR 27 2012



James Reginal Willis
303 K Street NW
Ardmore, Ok 73401-4307

NIXIE 731 DE 1 00 05/06/12
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 73112451125 *2557-01699-30-31



Handwritten initials



INSURANCE COMMISSIONER
State of Oklahoma

MINUTE

TO: 12-0352-DIS
FROM: Sherry Standerfer
Legal Assistant
DATE: May 10, 2012

FILED
MAY 10 2012
INSURANCE COMMISSIONER
OKLAHOMA

On April 27, 2012, a Conditional Administrative Order and Notice of Right to Hearing was issued in the above referenced matter to Mr. James Willis. The pleading was mailed certified mail on the same day. On May 10, 2012, the certified mailing was returned to the Oklahoma Insurance Department marked "Return to Sender, Not Deliverable as Address, Unable to Forward." AGC Combs contacted Mr. Willis. He was informed of a new address.

On May 10, 2012, the pleading was mailed to Mr. Willis at the following addresses of record:

James Reginal Willis
1442 Windsor Dr.
Ardmore, Oklahoma 73401-3749

The pleading was mailed certified mail, number.7001 0320 004 4250 2437.

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

OFFICIAL USE

7001 0320 0004 4250 2437

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



Total Pk
 Sent To
 Street, Apt or PO Box
 City, State
Reggie Willis
1442 Windsor Dr.
Ardmore, Ok 73401-3749
sms/12-0352-DIS/Ct Min.

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:

Reggie Willis
 1442 Windsor Dr.
 Ardmore, Ok 73401-3749
 sms/12-0352-DIS/Ct Min.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name)
 C. Date of Delivery

Reggie Willis
 MAY 25 2012

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

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 0004 4250 2437

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

FILED

OCT 04 2012

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 12-0883-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. James Reginal Willis ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 81966.

FINDINGS OF FACT

1. On July 24, 2012, Respondent submitted to the Oklahoma Insurance Department ("Department") his amended June 2012 Lexington National Insurance Corporation report.

2. With this report, Respondent submitted an Electronic Funds Transfer ("EFT") of \$6.00. The Oklahoma State Treasurer charged the EFT back to the Department as "Insufficient Funds."



3. On September 12, 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 signed for the certified letter on September 14, 2012.

4. As of the date of this Order, Respondent has not replaced the funds or responded to the Department.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

2. Respondent has violated 59 O.S. § 1310(A)(21) by failing to respond to a properly mailed notification within a reasonable amount of time.

ORDER

IT IS THEREFORE ORDERED that James Reginal Willis is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).

IT IS FURTHER ORDERED that James Reginal Willis shall replace the insufficient EFT and pay the service fee owed. The total amount owed to the Department, independent of the fine ordered above, is Thirty-One Dollars (\$31.00).

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 Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described herein and any defenses thereto.**

If Respondent fails to either (1) replace the EFT and pay the service fee owed **OR** (2) request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31st day, Respondent's license shall be **SUSPENDED**, and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 14th day of October, 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 4th day of October, 2012, to:

Reggie Willis
1442 Windsor Dr.
Ardmore, OK 73401-3749

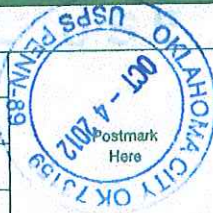


William G. "Buddy" Combs

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

7001 0320 0003 9967 8643

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



Total Postage

Sent To: **Reggie Willis**
 1442 Windsor Dr.
 Ardmore, Ok 73401-3749
 sms/12-0883-DIS/Cond. Ord.

PS Form 3800, January 2004 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:

Reggie Willis
 1442 Windsor Dr.
 Ardmore, Ok 73401-3749
 sms/12-0883-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Reggie Willis* Addressee

B. Received by (Printed Name) C. Date of Delivery
 OKLAHOMA INSURANCE DEPARTMENT 10-5-12

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

3. Service Type Legal Division
 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 8643**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540