

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

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

**FILED**  
DEC 28 2012  
INSURANCE COMMISSIONER  
OKLAHOMA  
Case No. 12-1115-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 Nichlaus McClure ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 100122411.

**FINDINGS OF FACT**

1. Respondent is currently appointed to write bail bonds by power of attorney on behalf of Sun Surety Insurance Company ("SSIC").
2. Respondent's September 2012 SSIC report indicated his total remaining outstanding liability under SSIC was \$23,235.
3. Respondent failed to file with the Insurance Commissioner his October 2012 SSIC

surety report.

4. On November 16, 2012, and November 26, 2012, as a courtesy, Oklahoma Insurance Department Staff sent Respondent two emails regarding his failure to file the report.

5. As of the date of this Order, Respondent has not filed the report.

#### CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by Section 1314, which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

2. Pursuant to 59 O.S. § 1310(A), the Commissioner “may deny, censure, suspend, revoke, or refuse to renew any license issued” under the Bail Bond Act for the above-alleged violation.

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 Nichlaus McClure is FINED Two Hundred Fifty Dollars (\$250.00).**

**IT IS FURTHER ORDERED that Nichlaus McClure shall file all outstanding reports and pay all associated fees within 30 days of receipt of this Order. If he does not, his license shall be **SUSPENDED** on the 31<sup>st</sup> day following receipt and the suspension shall remain in effect until all reports and fees are submitted to the Department.**

Respondent is 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 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112, and give an explanation of Respondent's actions alleged herein and any defenses thereto.

**If Respondent does not either (1) request a hearing within the 30 days allotted or (2) submit the reports and fees outstanding within 30 days, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order, the fine ordered herein shall be due, and Respondent's license shall be suspended.**

WITNESS My Hand and Official Seal this 28<sup>th</sup> day of December, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
William G. "Buddy" Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> 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 28<sup>th</sup> day of December, 2012, to:

Nichlaus McClure  
P.O. Box 221  
Miami, OK 74355-0221

  
\_\_\_\_\_  
William G. "Buddy" Combs



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <i>Nichlaus McClure</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Nichlaus McClure  P.O. Box 221  Miami, Ok 74355-0221  <b>sms/12-1115-DIS/Cond Ord</b></p> </div>		<p>B. Received by (Printed Name)  RECEIVED</p> <p>C. Date of Delivery  1-16-13</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> No  If YES, enter delivery address below:  AN 22 2013  Legal Division</p>	
<p>3. Service Type</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

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

OFFICIAL USE

<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage ?</p> <p>Sent To</p> <p>Street, Apt. No.; or PO Box No.</p> <p>City, State, ZIP+4</p>	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; text-align: center; color: red;"> <p>3914 ST. STA. USPS</p> <p>1161 2 12 2013</p> <p>Postmark Here</p> <p>OKLAHOMA CITY OK, TX 75</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Nichlaus McClure  P.O. Box 221  Miami, Ok 74355-0221  <b>sms/12-1115-DIS/Cond Ord</b></p> </div>
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PS Form 3800, January 2007 See Reverse for Instructions