

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

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

Case No. 12-1117-DIS

FILED
DEC 28 2012
INSURANCE COMMISSIONER
OKLAHOMA

**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 Christi Renae Adams (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40081010.

FINDINGS OF FACT

1. Respondent submitted her July 2012 Roche Surety & Casualty Company (“RSCC”) report to the Oklahoma Insurance Department (“Department”) on August 17, 2012—2 days after the report was due on August 15, 2012.

2. Respondent submitted her September 2012 RSCC report to the Department on

October 16, 2012—1 day after the report was due on October 15, 2012.

3. Respondent submitted her October 2012 RSCC report to the Department on November 26, 2012—11 days after the report was due on November 15, 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 Christi Adams 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 28th 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

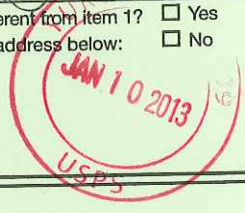
CERTIFICATE OF MAILING


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 28th day of December, 2012, to:

Christi Adams
824 Euclid St.
Yukon, OK 73099-4957



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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>C. Adams</i>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Christi Adams 824 Euclid St. Yukon, OK 73099-4957 sms/12-1117-DIS/Cond. Ord.		<i>C. Adams</i>	JAN 10 2013 
OKLAHOMA INSURANCE DEPARTMENT JAN 14 2013 Legal Division		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)		3. Service Type	
7001 0320 0003 9967 3259		<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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

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City, State, ZIP+4	
	
PS Form 3800, January 2001	See Reverse for Instructions