

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

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

FILED

JAN 15 2013

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 13-0031-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 Manuel (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200341.

FINDINGS OF FACT

1. On November 15, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) his October 2012 United States Fire Insurance Company report.

2. Respondent submitted with the report an Electronic Funds Transfer (“EFT”) of Two Hundred Seventy-Two Dollars and Ten Cents \$272.10.

3. On November 28, 2012, the Oklahoma State Treasurer charged the EFT back to the Department as “Not Sufficient Funds.”

4. On December 5, 2012, Department staff sent Respondent a letter by email and certified mail, with return receipt requested, informing Respondent of the charge back and 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 December 7, 2012.

5. As of the date of this Order, Respondent has not replaced the funds or responded to the Department's certified letter.

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 Manuel is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).

IT IS FURTHER ORDERED that James Manuel 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 Two Hundred Ninety-Seven Dollars and Ten Cents (\$297.10).

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 15th day of January, 2013.

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, with return receipt requested, on this 15th day of January, 2013, to:

James Manuel
1209 S. Main Street
Stillwater, OK 74074-5846



William G. "Buddy" Combs

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

7001 0320 0003 9967 2733

OFFICIAL USE

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

Postmark Here

Sent To: **James Manuel, Jr.**
1209 S. Main Street
Stillwater, Ok 74074-5846
sms/13-0031-DIS/Cond Ord

PS Form 3800, January 2001 See Reverse for Instructions

| 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. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>C. Date of Delivery</p> <p><i>1-17-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> |
| <p>1. Article Addressed to:</p> <p>James Manuel, Jr. 1209 S. Main Street Stillwater, Ok 74074-5846 sms/13-0031-DIS/Cond Ord</p> | <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT JAN 23 2013 Legal Division</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7001 0320 0003 9967 2733</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <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> |