

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

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

Case No. 13-0126-DIS

**FILED**

FEB 19 2013

**CONDITIONAL ADMINISTRATIVE ORDER  
AND NOTICE OF RIGHT TO BE HEARD**

INSURANCE COMMISSIONER  
OKLAHOMA

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 Tiffany Charles (“Respondent”) is a licensed bail bondsman in the State of Oklahoma, holding license number 100113610.

**FINDINGS OF FACT**

1. Respondent submitted her December 2012 Indiana Lumbermens Mutual Insurance Company report late on January 22, 2012. The report was due January 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 Tiffany Charles 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 56<sup>th</sup> 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 31<sup>st</sup> day following the receipt of the Order, and the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 19<sup>th</sup> day of February, 2013.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

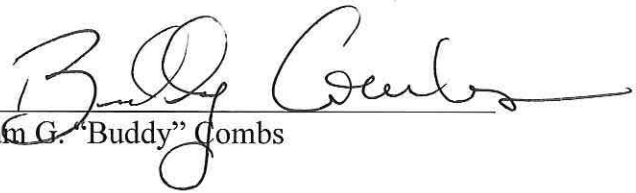


Buddy Combs  
William G. "Buddy" Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 522-0125

**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 19<sup>th</sup> day of February, 2013, to:

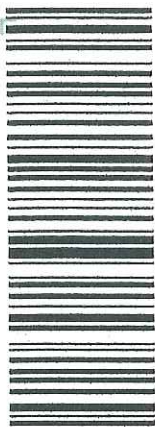
Tiffany Charles  
P.O. Box 1456  
Norman, OK 73070-1456

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



**Insurance Commissioner**  
 Oklahoma Insurance Department  
 5 Corporate Plaza  
 3625 N.W. 56th St., Ste. #100  
 Oklahoma City, OK 73112-4511

**CERTIFIED MAIL**



7001 0320 0003 9967 2078



U.S. POSTAGE PITNEY BOWES  
 ZIP 73112 \$006.57<sup>0</sup>  
 02 1W  
 0001363374FEB 19 2013

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 APR 05 2013  
 Legal Division

*Handwritten initials*

|||||  
 Tiffany Charles  
 P.O. Box 1456  
 Norman, OK 73070-1456

7311245112

NIXIE 731 SE 1 0004/05/13  
 RETURN TO SENDER  
 UNCLAIMED  
 MAIL TO FORWARD  
 EC: 7311245112 \*1757-09659-19-44

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:

APR 05 2013  
 OKLAHOMA  
 RECEIVED  
 INSURANCE DEPARTMENT

Tiffany Charles  
 P.O. Box 1456  
 Norman, OK 73070-1456  
 sms/13-0126-DIS/Cond. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  X
- B. Received by (Printed Name) \_\_\_\_\_
- C. \_\_\_\_\_

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
- Certified Mail
  - Registered
  - Insured Mail
  - Express Mail
  - Return Receipt
  - C.O.D.
4. Restricted Delivery? (Extra Fee) \_\_\_\_\_

2. Article Number

(Transfer from service label)

7001 0320 0003 9967 2078

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)

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total Postage \_\_\_\_\_

Sent To \_\_\_\_\_

Street, Apt. # or PO Box No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tiffany Charles  
 P.O. Box 1456  
 Norman, OK 73070-1456  
 sms/13-0126-DIS/Cond. Ord.

PS Form 3800, January 2001

Use for Instructions