

\$25.00 be paid within five days of receipt of the letter.

5. On February 22, 2013, Respondent replaced the EFT and paid the service fee owed.

CONCLUSIONS OF LAW

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

ORDER

IT IS THEREFORE ORDERED that Tandy O'Leary is CENSURED.

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

If Respondent fails to request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31st day, and Respondent shall be **CENSURED**.

WITNESS My Hand and Official Seal this 8th day of March, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


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 8th day of March, 2013, to:

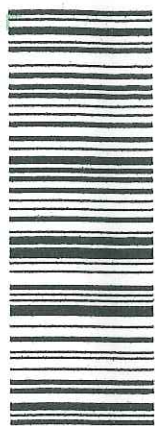
Tandy O'Leary
8009 Jackson Lane
Grove, OK 74344-4314


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 9966 9238



U.S. POSTAGE PITNEY BOWES
 ZIP 73112 \$006.57⁰
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 0001363374 MAR 08 2013

Att/LN

R9/CS
3-11-13

Tandy O'Leary
 8009 Jackson Lane
 Grove, OK 74344-4314

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

APR 04 2013

Legal Division

Uma

7311204511

NIXIE 731 DE 1 0004/02/13
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 73112451125 *2557-01817-02-13

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:

Tandy O'Leary
8009 Jackson Lane
Grove, OK 74344-4314
sms/13-0186-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature A
 X

B. Received by (Printed Name) A

C. Date of A

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Me
- C.O.D.
- Restricted Delivery? (Extra Fee)

2. Article Number (Transfer from service label) 7001 0320 0003 9966 9238
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)

OFFICIAL USE

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+4

Tandy O'Leary
8009 Jackson Lane
Grove, OK 74344-4314
sms/13-0186-DIS/Cond. Ord.

PS Form 3800, January 2007
See Reverse for Instructions

